2 9 and a limit of the second of t TWO as puede Tenna in neces Para-eolors The same the

	1	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HY	GIENE 8	REG. NO.	6 5	30
y be death		ECEASED NAME FIRST PE OR PRINT) Marie MARI	e K.		naud ARNAUd	June 1		DAY YEAR	2b HOUR 4:30 a M
. p.		ema1e	Caucasian	5. DATE (OF BIRTH	6 AGE (IN YEAR	98 YRS	HUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
death. Po	N	STATE OR FOREIGN COUNTRY YORK	United Stat	es MARRIE			city or count ngton (MD
201	Н	agerstown	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Western Md	. Sta	e Hospital	120 USUAL OC		12h KIND C	F BUSINESS OR
nn 24 hau heildeter	13g. Ma	iryland Mont	gomery Rocky	EFORE ADMISSIONS	13d. INSIDE CITY LIMITS? YES XX NO		oress Great Oa	ak Road	l
ompletely ond 2 s		ATHER'S NAME FIRST Thomas	Kane Kane		13. MOTHER'S MAIDEN NA	^		ormon1,	
be executed an and c		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	VE WAR OR DATES)	2 8243	Maria Lit	ddaugh tlefie	ter 186 1d Ter	12 Gro r. Gai	sbeak th. Md.
SI., BAL		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (a), (b ED BY: TE CAUSE (o) Severe	congest	ive heart fa	ilure		BETWEEN	MATE INTERVAL ONSET AND DEATH 48 hrs.
s that the death certificate be executed within 24 hours is that the death certificate be executed within 24 hours is that the attending physician and campletely Illiad in blease remove carbon papers. Pages 1 and 2 should be Illian in the cremation, ar removal. or other traumotic event, the gredical examiner in the		Conditions, if ony, which gove rise to immediate cause (o), stating the	DUE TO, OR AS A CONSE (b) Arterio Due TO, OR AS A CONSE	sclero	cic heart dis	ease		many	years
res that med by n please ourral, cr		underlying cause lost. PART 2 OTHER SIGNIFICANT ((c) General	lized an	terioscleros		R CONDITION GI		years
low required in a special sign of the prior to be vs any injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH			20a AUTOPS	Y? 20b. IF YE	S, WERE FINDIN	GS USED
IYSICIAN: The ding physician good physician by certifician by by individual Hygier Meer all 8 shown in them 18 shown in the good physician by the good phy		210, ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA			21c. HOW INJURY OCCUR		44.	PART I OR PART 2)	NO []
UG PHYSE ottending ter this ce s the buring and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	c	ITY OR TOWN	COUNTY	STATE
ATTENDIN spitol or CTOR: Afi I far use o of Health		220.1 certify that (X (this hosping saw the deceased alive on above, X (we) (did) (X X X	June 17	Decemb	er 11 , 19 79 d that in (m*) (our) apinian	, to June death accurred a	n the date and ha	19 <u>82</u> ur and from the	that X (we) lost
by the har by the har by the har by the har biREC e detached State Dept.		726 SIGNATURE FOR	currence		ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF	22c DATE 6/17	SIGNED
TO HOSPITAL retoined by the TO FUNERAL with the Store with the Store		Fe U. Porciuncu	ila, M.D.	,	P.O. F	ennsylva Box 2007	ania Aver Hagersi	nue town. MD	21740 317496
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	19, 1982	Gate	of Heaven	THE LOCATIO	ver Spr	COUNTY	ryland
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FI	UNERAL DIRECTOR ROBE HOMES, P.A., R	RT A. PIIMPHI	REY FIL	NERAL 250 DAT	JN 18 19	82 Than	TRAP SIGNAT	2

		of the same	La Company De la		. IN SECTION	
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n n	supplied in	THE THE PERSON			47.19	
370	C+Q+H	NEEL LAUL		No.		

STATE OF MARYLAND FOR STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 DE	CEASED NAME FIRST	MIDDLE	-	AST	A DATE OF DEATH			
	(TYPE	Arthur Arthur			NHART	June 28,		DAY YEAR	26 HOUR
)	3 SE.	male	white state	MONTH	uary 18, 1938	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	HOURS MIN.
1	Н	agerstown, Md.	USA	MARRIEI /IDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Wash	county ingto		MD.
9		Hagerstown	II NAME OF HOSPITAL, NURSING I IF NOT IN SUCH FACILITY, GIVE STREET ADD Washington Cour	nty		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF shipping c	WORKING LIFE	E) INDUSTRY	niture
I	13a S	aryland Wash	other institution give residence before add ITY 136 CITY OR TOWN Ington Hagerstow		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 514 W. Fi	rankli	n St.	
1			Barnhart, Sr.		Kathleen B			IAS	ı
	160 V	VAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRE	SS	11 18	
	I	(ES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 215-34-414		Mrs. Audrey	J. Barnha	rt, H	lagerst	own, Md.
	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (c)	EOF		NAL DISEASE OR COND		EN IN PART 110	0
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATIO	N WAS PERFORMED	YES NO	IN CERTIFY	, WERE FINDIN YING CAUSES	
7	MEDICAL CER	710. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY	YEAR 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	r IN ITEM 18 PA	ART I OR PART 2	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM,	ETC)	211 LOCATION STREET	CITY OR TOM	IN	COUNTY	STATE
		220 I certify that (I) this liospit saw the discessed along on above the well did tidd no	pl) ottended the deceosed from	, on	d that in (my) (our) opinion d	eoth occurred on the do			that (I) (we) last couses stated
		226. SSIGNATURE	North			MEDICAL STAF		22¢ DATE	SIGNED
1		22d. PHYSICIAN'S HAM TYPE OF			22e ADDRESS				THE IS
1		L. Dwight Wo	oster, M.D.		1825 Howell	Road Hager	stown	. MD. 2	21740

23c NAME OF CEMETERY OR CREMATORY

July 1,1982 Rest Haven Cemetery

DHMH - 16 50M 1/81 (VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Md. 21740

23b. DATE

230 BURIAL, CREMATION, REMOVAL burial

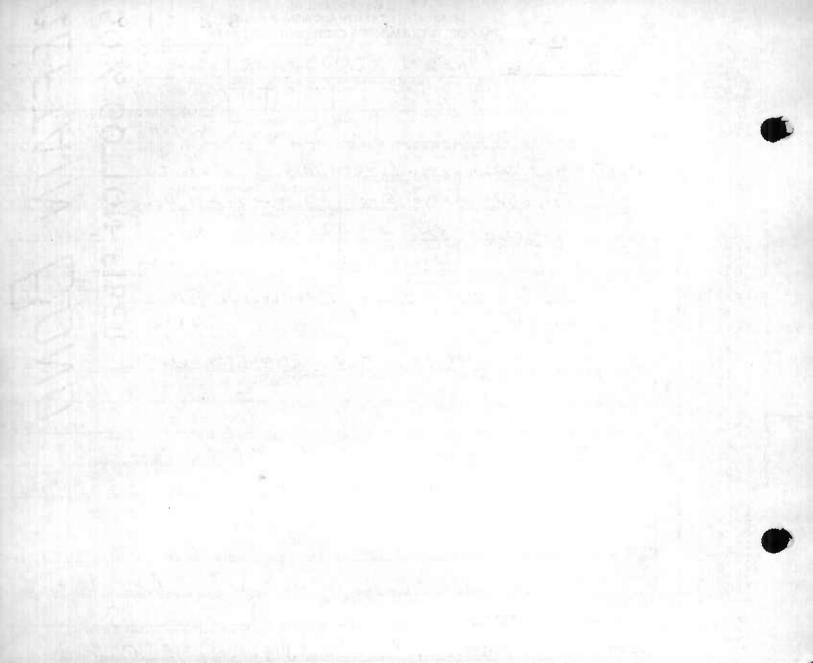
Patory Hagerstown, Washin, Maryland JUN 3 0 1982

THE COLUMN EL. DEL MERCHELLE . L. AND THE PROPERTY OF THE PARTY O The Carting of the Committee of the Comm

	1		STATE OF MARYLAND	
2	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	6 5 3 2
3 7 5	1 DE	CEASED NAME FIRST		DAY YEAR 26 HOUR 7'170M
	1 58	Male	White 5. DATE OF BIRTH (A. AGE (IN YEARS LASI BIRTHDAY) 2 - 16-1900 82 YRS.	HUNDER LYEAR IF UNDER 24 VIRS MONTHS DAYS HOURS MIN.
MAN NO	7e.8	THPLACE (STATE OR FOREIGN JUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNT WIDOWED NOT DIVORCED WAShINGTO	. 1
northed with	H	LEES TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (INNOT IN SUCH EACHLITY, GIVE STREET ADDRESS) HOSPITAL 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L.) FAR BY CEP	126. KIND OF BUSINESS OR INDUSTRY PARMIN 6
Alled in ould be in	13/	RESIDENCE (IF NURSING HOME OF TATE 131 COU	NOTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13c STREET ADDRESS NEWSTON HAGERS ON YES NO Ham ITON T	Hotel
ed with	14. F	PUSSELL	Bauchman AGNES MIDDLE	(UN KNOWN)
on and ce		VAS DECEASED EVER IN U.S. AF (ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS AT 19 190-26 HEAGE J. CARTER HEAGE	esville Willa
g physics conceptor removal event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line family the and scill to BY: ED BY: TE CAUSE (a)	APPROXUNATE INTERVAL BETWEEN ONSET AND DEATH
e death o attenda orien, ar trosmatic		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CAMEDIC OUT OF S	5 hours
s that Itsed by Palesse Irriol, criminal, crim		cause (a), stating the underlying couse last.	Due to, or as a consequente of Shock & D.C.	
require	ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	VEN IN PART I/a
The la ricion.	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	IN CERTI	FYING CAUSES OF DEATH?
HYSICIAN: ding phys us certifico buriol-trod Mental Hy or frem 18	EDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	FART I OKPART 2)
OING PH or offer the eos the lolth and marked a	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN ATTOM STREET CITY OR TOWN ATTOM AT	COUNTY STATE
R ATTEN hospital RECTOR: red for us pt. of He em 21 is			at view the barry after death. 19 8 , and that in (my) (our) opinion death occurred on the date and have	19, that (I) (we) last ur and fram the couses stated
HOSPITAL OF		22d PHYSICIAN SDIAME (1996	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	6/30/82
TO HOSPITA retained by TO FUNERA should be de with the Stati	23o. I	R.L. KUS BURIAL, CREMATION, REMOVA	(°-#-	He, Md.
BP		BURIAL DIRECTOR	7-2-82 Cedar Luns K + GG CR Stown	JCOUNTY MENTAL TRANSPORTED TO THE PROPERTY OF
(VRA 15, 4)	Ge	edd N. MINI	NICH FEGGESTOWN, Ma JUL 12 1982 Grance	

William Egg/ The read 5 19 82 7170 Malo Marte 12-16-1968 Personal Light - A City - Library Washington Co. To spital her agent Security - William When the souther the the that the tree the Pussed I Printed Acres Hossian MONEY STAND OF THE PROPERTY OF THE PROPERTY OF Significant P. 2-5-5 Company of the control of the

1		STATE OF MARYLAND	
1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE AMEDICAL EXAMINER'S CERTIFICATE OF DEATH	5 5 5 5
	REGISTRAR LAST	MIDDLE LAST 20. DATE KNOWN PM	ONTH DAY YEAR 25 HOUR
(1	PPE OR PRINC BAYL	OR SHAWN KRISTOPHER DEATH MATED ON	124 23 1982 915 M
3. SI	Male White	5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	ONTH DAY YEAR 24 HOUR
-	BIRTHPLACE (STATE OR	Mar 17 (962) 20 YRS. The CITIZEN OF WHAT COUNTRY? 8. SHALTIMORE CITY OR CO.	y 23 10 82 9 15 M
	COLEIGN COUNTRY)	WIDOWED DIVORCED WAS H.T.	NGTON
10.	CITY OR TOWN OF DEATH	11. MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF V	
1	Hagerstown/	Washing ton County Hisp. Student	OR INDUSTRY
USL 13 _{0.}	STATE 196 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. CITY OR TOWN 130. INSIDE (ITY LIMITS? 13e, STREET ADDRESS.	
14	Paura Fran	K/in Wayu256070 YES NO 14721 Hono	de/ Prod
	FIRST	WIDDLE LOTELE NAME MIDDLE LOTELE NAME	Pur nell
16a	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	T GI FICH
	140	WAR OR DATES) 203-58-2066 Father Same	
	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	ly one couse per line for (a), (b), and (c).) DBY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	8/29 IMMEDIAT	TE CAUSE (0) MOTOT Valicle / MOTOT Valicle Collision	8 Kr 15 Mus
1	Conditions, if any, which gove rise to immediate	E-812	
	couse (a) stating the <u>under</u> - lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 DINER CIGNICICANI CONDITIONS	(a) (My tiple M2507 System trauma)	
NO		CONTRIBUTING 1D DEATH BUT NOT RELATED 1D THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 101.	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
RTIFF	an extension concerns		YES NO L
		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
MEDICAL	CONTRIBUTING CAUSE OF E	21e PLACE OF INJURY (ATHOME. 211 LOCATION	
Æ	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) State High way Rt 60 No Leiters burg 4	COUNTY STATE
			my opinion
	death resulted from Natur		
	ACTUAL SOO.	TITLE (SPECIFY)	DATE No. 122 (CC-
_	SIGNATURE CONTRACTOR	M.D. JONAY MEDICAL EXAMINER S	IGNED 164 23,1762
	EXAMINER'S NAME EN WA	To W. 1) ito TT XV ADDRESS2/2 W. WASL- St. 1739	prstown, red
23o.	BURIAL, CREMATION, REMOVAL 2 (SPECIFY)	CITY OR TOWN	COUNTY STATE
24	Removal FUNERAL DIRECTOR	5/24/82 250. DATE REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
	Anatomy Board	Balto, Md. IIIN 1 1002 2C	2. Millon
		1987 1987 1984 1984 1984 1984 1984 1984 1984 1984	



- STATE REGISTRAR		DEFARIA		ICATE OF DEATH	REG. NO	D.	0 3	J 4
1. DECEASED NAME FIR	mily	Miller		lman	June 5,		DAY YEAR	25 HOUR 9:55A
3. SEX Female	4. RACE Cau	sasian	S. DATE O	y 8, DAY 1884	6 AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Ja. BIRTHPLACE (STATE OR FOREIG COUNTRY) Dubuque, Iowa	10. 6.11.66.	S. A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Washing	-	OF DEATH	M
Boonsboro	Ree	der Memoria	DDRESS) Hom	DR OTHER INSTITUTION	12g USUAL OCCUPATE TYPE OF WORK FOR MOST O HOUSEWI		I IN THE LICE WALL	Home
Maryland W	ome or other institu COUNTY ashingto	13/ CITY OR TOW		13d INSIDE CITY LIMITS?	130. STREET ADDRESS	Box 3	17	
14 FATHER'S NAME FIRST Jacob	WIDDLE	Miller		15 MOTHER'S MAIDEN NAME FIRST Anna	MIDDLE		Sieqi	
160 WAS DECEASED EVER IN U (YES NO OR UNKNOWN) (IF	.S. ARMED FORCE YES, GIVE WAR OR DAT			Mrs. Dewece	M. Bellman		2 Box	
Conditions, if ony, whi gove rise to immedia couse (03, stoffing to underlying couse lo	DUE TO Street Course (c) DUE To Street (c) D	D, OR AS A CONSEQUE	NCE OF	Exten Anes Onomones	INAL DISEASE OR CONT	DITION GIVE		MATE INTERVAL ONSET AND DEATH
190 DATE OF OPERATION	19b CC	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDING CAUSES	
21a. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED	OF DEATH HOUI	AE OF INJURY R A.M. MONTH DA P.M. ACE OF INJURY 16. STREET, FACTORY, OFFICE, FA	19	216. HOW INJURY OCCURR 216. LOCATION STREET	had "had	Y IN ITEM 18 PAI	-	STATE
220.1 certify that (1) (this saw the deceased oil above 11) are defined to the same de	hospital) attende	d the deceased from		, 19, 19	, to		9	that (I) (we) last
THE SIGNATURE	della	Med	5	MO ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED

23C NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR John H. Bast, Jr.

230 BURIAL, CREMATION, REMOVAL

Cremation

Todd A. Epstien, M. D.

236 DATE

6-7-82

Boonsboro, Md. 21713

Smithsburg, Wash. Co., Md. Smithsburg Crematory DATE REC'D. BY REGISTRAR'S TRANS

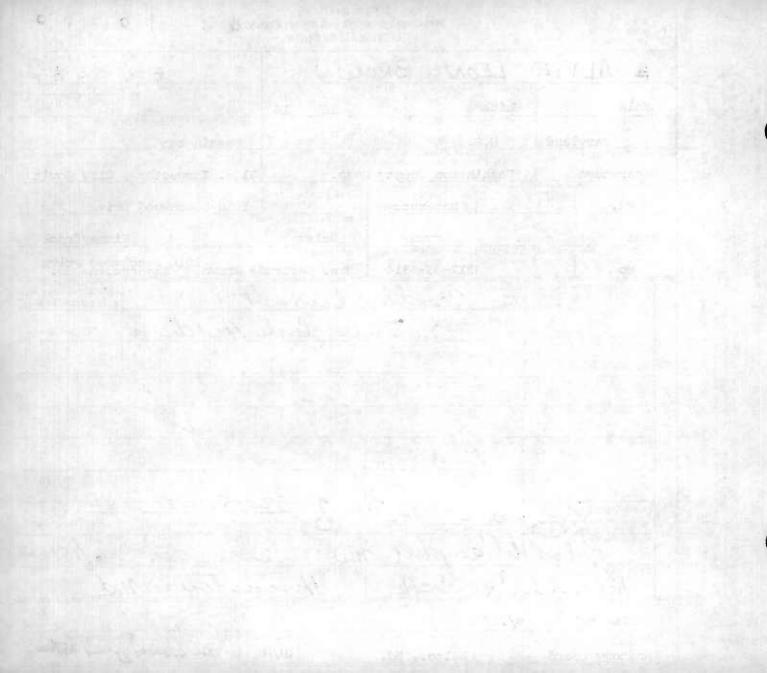
P. 0. Box 246, Keedysville, Md. 21756

	June 5, 1982	nan	mily mile 301km	
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The To	(do. 2 Bot)		remington movetills	
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		0 . 7	218 52- 6983	
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Talor . Othorne S.O. Post Selling Selling Co. S. antodal . . Tolati

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	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 2 1	6537
4 00 to 00 t		CEASED NAME FIRST FRONT	a Saniel ARACE Black	S. DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH MONTH	141 0- 01
he funeral dire		RTHPLACE (STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED WIDOWED DNORCED MORE OR OTHER INSTITUTION	9 BALTIMORE CITY OF COL	INTY OF DEATH 126 KIND OF BUSINESS OR
ithin 24 hours of tely filled in by the 2 should be filed iner must boach		ATHER'S NAME	136 CHYOR TOV	Maryland Cor	130 STREET ADDRESS AME	Franklin St
e be executed w		VAS DECEASED EYER IN U.S. AR VES NO OP UNKNOWN (IF YES GN	VE WAR OR DATES) 215-14		ADDRESS ARTER 430	
equires that the death certificate is signed by the attending physic Then please remove corban page to buriol, cremotion, or removal injury, or other troumotic event, to	z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOL	hexia oma of esept	Jagus MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MOST VMS NGIVEN IN PART 110
N: The low rysicion. cote hos beer onsit permit Hygiene prior	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	200 AUTOPSY? 20b IN CI YES NO RRED (ENTER NATURE OF INJURY IN ITE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
TENDING PHYSICIA prior or ottending physicial or or otten buriolist for use as the buriolist of Health and Mental of Health and mental	MEDICAL	saw the deceased alive an	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE) (101) ottended the deceased from	4/13 198	CITY OR FOWN 2. To 6/14 In death occurred on the date one	COUNTY STATE 19 , that (I) (we) lost thour and from the couses stated
TO HOSPITAL OR A cetained by the hose to Funder Library and the State Dept. With the State Dept. IMPORTANT: If them		Dxacag S	Fluis PRINTI P KIM	DEGREE ATTENDING PHYSICIAN 222 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN C	22c. DATE SIGNED
BP		JURIAL, CREMATION, REMOVAL SPECING BURIAL JURIAL DIRECTOR NAME DEPLOYED	136/21/82 K 6/21/82 K Covia Souts	ose Hill Cem. Plung, and	23d LOCATION CITY OR TOWN THE REC'D BY BEGINTRAN JABE	o god and

George Brand Lee Baren NO THE PLANTER OF THE PARTY AND SHIPMES AND BURIAL 6/21/12 Tose HILL Com. HARMING HOS HARMING Marine States and Marit Hay and 1982 1982

	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		16538
		CEASED NAME FIRST	MIDDLE LAST	REG. 1	MONTH DAY YEAR TH HOUR
deoth deoth	{TYP	+SAAC	ELGAN BURD		10-110-82 620p
The po	3 SE	* Male	A RACE S. DAYE OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS
1 /00	70. B	IRTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNTRY? 8.	9 BALTIMORE CITY	YRS OR COUNTY OF DEATH
30		Kentucky	MARRIED NEVER MARRIED WIDOWED DIVORCED	11/2 66	uston
9	10 €	16 Gestown	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN NOT IN BUCH FACILITY, GIVE STREET ADDRESSO TO SUITA	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	
19 J	M	AL RESIDENCE (IF NUTSING HOME OR OF STATE LEUANO LUS	OTHER ANSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TY AND EITY OR TOWN 13d. INSIDE CITY LIMITS! YES NO DESCRIPTION NO DESCRI	13 STREET ADDRESS	Olling Road
2/0	14. F.	ATHER'S NAME LINE SPIRST	ADDLE BURN 15. MOTHER'S MAIDEN	NAME MIDDLE	line Lillson
medicol		MAS DECEASED EVER IN U.S. ARM YES, NO GRUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT AND THE SECURITY NO. 17 I	I. Burd	See #13
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c).	- Cyra	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
				rest	
		Conditions if any his	DUE TO, OR AS A CONSEQUENCE OF		
		Canditions, if any, which gave rise to immediate cause (a), stating the	b) preumonia		
010		underlying cause last.	DUE TO, ORAS A CONSEQUENCE OF (c) Atherosclerotic cardiou	vascular o	disease
njury, o	z	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but not related to the te		
a	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	70a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
7	TIFIC			YES NO	IN CERTIFYING CAUSES OF DEATH?
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJU	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OF TO	OWN COUNTY STATE
		220.1 certify that (I) (this haspite	attended the deceased from	710 6 /	16 19 82, that (1) (max) las
		saw the discount alive on_ above () [wa] (did) (did not)	yely the bady after death. 19 82 and that in (my) (our) apinio	on death occurred on the d	ate and hour and from the causes stated
	-	774. SIGNA THE	DEGREE		22c. DATE SIGNED
_		/ Jeorge 1.	fewman TI Ph.D. M.D. ATTENDING	DIRECTOR PHYSIC	FF CIAN []
		274 AMSICIAN'S NAME (TYPE OR	ARINT) 22e ADDRESS		
IMPORTANT	23n F	BURIAL, CREMATION, REMOVAL	236. DATE 234 NAME OF CEMETERY OR CREMATOR	A Incorporation	CO EMANAGEMENT
1.0	5	SPECIFICAN PROPERT	6-18-82 (dap Live / Then)	234 LOCATION	forms Joint M ATTER
1/81	24 FI	JNERAL DIRECTOR	11 305 N. Hotomac Stills.	ATEREC DEBY REGISTRAS	BALTEGIST AN SCIGNOSCI
	20	CONTA N. MIAN	With the exclosure Mal	JN 2 1 1982 /	sences land lawren

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DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical

					STAT	E OF MARYLAND	0 0		1	in a	-8 0	
1.	FOR - STATE			DEPARTM		HEALTH AND MENTAL HYG	GIENE 👸 💪		O	5	2 3	
	REGISTRAR LUI	u Be	rnic Ca	asler	CERTIF	FICATE OF DEATH		REG. NO.				
	CEASED NAME	FIRST	~	IDDLE	0	LAST	20. DATE OF D	EATH MONTH	DAY	YEAR	2b HOUR	-
(111)	Lu	14.	Ben	nic	Ca	sler	JUNE	22	198:	2	6:15	-12
3. SE	X C		4. RACE	mass state	5. DATE		& AGE (IN YEAR			ER I YEAR	IF UNDER 24	
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	Michigan		U.S.		WIDOWI	ED DIVORCED	Washi	ngton (County	7		MD.
0. C	ITY OR TOWN OF DEA	НТА		OSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKI		KIND O	F BUSINES	SOR
	Williamspo		William	nsport Nu	rsing	g Home		g Clerk			shing	z Co
05U 13a. ∶	AL RESIDENCE (IF NURS	13b. COUN		13c. CITY OR TOWN		113d. INSIDE CITY LIMITS?	13e. STREET AD	DDECC			7	
	Maryland		hington	Hagerst		YES NO A	Route		Box 1	194		
4. F/	ATHER'S NAME					15 MOTHER'S MAIDEN NA	ME					
	Roscoe		relle	Harlan		Etta	Blanc	he	Boug	hton		
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT		Route	# 1	Box	194	
	No		-	214-28-2	797	Promise J. M	offett	Hagers	**	Md.	-/-	
	18. CAUSE OF DEAT	H (Enter on	ly one couse per	ine far (a), (b), and	(c),)_						MATE INTERVA	AL
	PART I. DEATH W		E CAUSE (a)	140001	di	8 into	vefic	our.		2	Lhv	7
	4100			AS A CONSEQUEN	ICE OF				12			3
	Canditions, if any,	which	(b)	A3 A CONSEQUEN	ice or				130			
	gave rise to imn couse (a), statin	nediate	DUE TO OR	AS A CONSEQUEN	ICE OF			V	1,20		7 10	
	underlying couse			AS A CONSEQUEN	ICE OF				1			
	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	OR CONDITION	GIVEN IN	DAPT 1		
NO O					~	- A	WAL DIOLAGE C	, CONDITION	Olafialla	TANT ITO		
AT	190. DATE OF OPERAT	ION	19b. CONDIT	ION FOR WHICH O	PERATIO	IN WAS PERFORMED	20a AUTOPS	Y? 20b. 1	F YES, WER	E FINDIN	GS USED	
HE					/		VES D	INCE	RTIFYINO	CAUSES	OF DEATH	?
CERTIFICATION	210. ACCIDENT WAS UND	ERLYING	21b. TIME OF			21c HOW INJURY OCCURR				PART 2)	NO []	-
	OR CONTRIBUTING					\ \	(**************************************	_				
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	saw the decease	d alive on			100	nd that in (my) (our) opinion of			baur and 6	com the c	hot (1) (we	-Mast
	abave, (1) (we) (d	lid) (did no	view the body o	fter death.		DEGREE	acom accorded a	in the date and				d
	11/1/1/	W	5211/1	A			7 MEDICAL	STAFF		C DATE S	1GNED	2
	22d PHYSICIAN'S NA	10	pur	4		PHYSICIAN F	DIRECTOR	PHYSICIAN [0~2	2-8	~
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	I VE	JUV	51			IW.Wia	WSD	015	- UV	0		
	BURIAL, CREMATION,	REMO AL	23b. DATE		ME OF C	EMETERY OR CREMATORY	23d. LOCATIO		COUN	ITY	STA	T.F.
	Burial		6-25-8	32 Adv	venti	ist Cemetery	Stanl	ey. Pag	re Co.	Vi	rgini	a
	UNERAL DIRECTOR	100		ADDRESS			E REC'D. BY REG	ISTRAR 256 RE	GISTRAR'S	SIGNATI	IRE	
Α.	K. Coffman	Fune	ral Home	, Inc., H	agera	stown, Md. JU	N 2 8 19	82 /	suce (2mil	and the	
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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 05551650 41445						KEG. NO				
1. DECEASED NAME	FIRST		MIDDLE		ANELLI	Za. DATE OF DEATH		DAY YEAR	26 HO	JR
	Lula		etta			June 4,				٨
3. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	HOURS	R 24 HRS
female		white		Marc	ch 17,1917	65	YRS.			
a. BIRTHPLACE ISTA	ITE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D ENEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
Maryland		USA		WIDOW		Wash	ingto	n		M
10. CITY OR TOWN O	FDEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION	N	12b. KIND C	F BUSIN	ESS OR
Hagerstow	'n	Washin	gton Cou	inty l	Hospital	ITYPE OF WORK FOR MOST OF Clerk	WORKING LIF	Dept.	Ston	re
USUAL RESIDENCE I		OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	• 131 Incorp City Incorp	In expert connect				
Maryland	Wash	ington	Hagerst	own	13d INSIDE CITY LIMITS?	106 Allen	Ave	nue		
I. FATHER'S NAME				-	15. MOTHER'S MAIDEN NA					
FIRST	i o la	MIDDLE	LAST		FIRST Combine	MIDDLE		Howlet	4.0	
Jerem:		MED FORCES?	Young	IRITY NO	Sophia 17 INFORMANT	ADDRE	SS	nowiet	te	
(YES, NO OR UNKNOW		E WAR OR DATES)	217-16-2			Cianelli, Hag		wn Mo	7.10	
No					MICK D. C	Janeni, mag	CISTO	wii, ivic	Anni i altra dia	-
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I AKI I. DEA		TE CAUSE (a)	alus	L M	yourded	Infarel	wit	115	Kr	un
LIE	21)					- /			13000	4-
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gave rise to		20115 70 0	2.10.1001105011	FLICE OF						
	cause last	DUE 10, O	R AS A CONSEOU	ENCE OF						
PART 2 OTHER	SIGNIFICANT	CONDITIONS CO	ONITRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TER/	WIND DISEASE OF COM	NTION CIV	TENLINI DADT 1.		
	SIGITIFICATI	201401110143	JIVINIDOTII VO 10	DEATH BOT	NOT RECATED TO THE TERM	MINAL DISEASE OR COINE	IIION GIV	EN IN PART TO	o ·	
190 DATE OF OI	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USE	D
DIA							IN CERTIF	YING CAUSES	OF DEA	TH?
DI- ACCIDENTAN	AS UNDERLYING	7 21b. TIME C	E INTITION		Tal- How bulling occur	YES NO	YE		NO [
CO COLIZONALIZADO	CAUSE OF DE			AY YEAR	THE HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PART 2)		
46	Y MEDICAL EXAMINE		M.	19						
21d INJURY OC	CURRED	21e. PLACE	OF INJURY	TABAL ETC.	211 LOCATION	CITY OR TO	VN	COUNTY	1 11	STATE
AT WORK	AT WORK	TAT TOME, ST	REET, PACTORY, OFFICE P	ARM, ETC ;						
22a.1 certify th	at (I) (this hasp	tal) attended th	e deceased fram_	de	une 19 8 1	- 10 Those	4	19 52	that (I) f	we) las
saw the de	eceased alive an	t) view the bady	19 3	2/- 01	nd that in (my) (our) op inian	death accurred an the do	te and hau	r and from the	causes st	ated
22b SIGNATUR	E	it) view the bady	after death.		DEGREE			22c DATE		_
		louns	111	1 1	ATTENDING	MEDICAL STAF		1/0	1/0	4
224 PHYSICIAN	I'S NAME LITYPE O	OR OR INCT	Mosey	111	PHYSICIAN	DIRECTOR PHYSIC	IAN []	40/7	1 62	_
ZZU PHISICIAN	STANINE LITTE	M FRINI)	/		THE ADDRESS					
230. BURIAL, CREMAT	ION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
burial		June 7	,1982 G	reenla	awn Mem.Parl	Williams	ort.W	Vash N	larv	land

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

Williamsport, Wash., Maryland

D. BYREGISTRAR THE REGISTRAR SIGNATURELL

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fething .o' mornithm class more than . \$1.0.m Brockhial Freemonia Compactive Jeant Pailume 2705 2 incomic wentl Pailure Tilling 25 January 21 Charles F. Heas, M.D. 19. 20x 20c. Putthabase, Mo Street AND SERVICE OF THE SE

		FOR			DEDADTS		E OF MARYLAND TEALTH AND MENTAL HYG	IFILE A 9	1	6 5	1 3
	1	- STATE REGISTRAR			DET ARTI	CERTII	FICATE OF DEATH	REG. N		0 3	-1 0
25		CEASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b HOUR
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(學)	3. SE		4. R	RACE		5 DATE		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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of ond	P	IRTHPLACE (STATE OR FORE COUNTRY) ennsylvania		U.S.	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	ingto		MD
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filled in	USU 13a.	AL RESIDENCE (IF NURSING STATE 13	HOME OR OTH LOUNTY		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Rt 2 Bo	v 225		
2 sh	14. F	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME	x 22)		
Po Ox		Harry	MIDD.	V.C	Cline		LaRue	WIDDLE		į.A:	Poe Poe
dical	160	VAS DECEASED EVER IN	U.S ARMED		166 SOCIAL SECU		17 INFORMANT	ADDRE			
Po Be		no			219-01-8		Mrs. Audrey	R. Cline S	miths	burg, Mo	l
open not. th		18 CAUSE OF DEATH II	Enter only of	ne cause per	(n) tor (a), (b), one	l (c)	1 . 1/2	V Mister	1 2	BETWEEN	ONSET AND DEATH
on p ewer		PARTI DEATH WAS	MEDIATE C	AUSE (a)	Concenio	17	aung) Wy	o locates	4817		
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ove	50	Conditions, if ony, w	hich ((b)		U					
ose remo L. cremo other tr		gave rise to immed couse (0), stating underlying couse	the 3	DUE TO, O	R AS A CONSEQUE	NCE OF					
signed Then ple ta burio njury, ar	NO	PART SOTHER SIGNIFI	CANTCO	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVE	EN IN PART 10	0
prior ony in	CERTIFICATION	19a DATE OF OPERATION	N	10 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	120b. IF YES	, WERE FINDIN	VGS LISED
	TIFIC		2	'/				YES TO NOTE	IN CERTIFY	YING CAUSES	OF DEATH?
Mental Hygiene or Item 18 shows	CER	210. ACCIDENT WAS UNDERL		21b. TIME C			21c HOW INJURY OCCURR				МО
verial-tr	AL	OR CONTRIBUTING CAUS			M, MONTH DA	Y YEAR					
d Me	MEDICAL	21d INJURY OCCURRED		21e PLACE	OF INJURY		21f. LOCATION				
ofth and M	X	WHILE AT WORK		(AT HOME ST	REET, FACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR TO	VN	COUNTY	STATE
Se of Thomas		22a I certify that (1) (thi	is haspital)	attended th	e deceased from	2-7-	10 62	10 6-76		10 86	About the formal local
of Ho		som the declased o	alive on	0-16-	06 19	, or	nd that in (my) (our) opinion o	leath accurred on the da	te and have	and from the	that (I) (we) last
oched bobt.		276 YGNATU	(did not) vie	the body	ofter death.	-	DEGREE			22c DATE	
of the State De		N Mac	della	del	.002		ATTENDING 1	MEDICAL STAF	F	6-24	7 82
should be detached f with the State Dept. o IMPORTANT: If Item 2		EN PHYSICIANS NAME	anti)	naba	WMA		PHYSICIAN [L	DEFICUR PHYSIC	Bras	is feel)	bel
Shoot Shoot	23a P	URIAL, CREMATION, REA	MOVAL 123	Bb. DATE	123, N	AME OF C	EMETERY OR CREMATORY	123d LOCATION	1	1100	14
		Burial					ven Cemetery	CITY OR TOWN	/	COUNTY	STATE
16 50M 1/B1	24 FU	INERA DIRECTOR		1	Tayou he	0 110	1250 DATE	Hagersto	wn was	sp. Md	trath
15, 4)		Davis Funera	11 Hom	e P.A	Smiths	burg.	Md.	3 0 1982	Manuel	0	

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2	1.	STATE REGISTRAR	STATE REGISTRAR CERTIFICATE OF DEATH						REG. NO.	0 2	
85.73		CEASED NAME	FIRST		MIDDLE	L	AST	20. DA	ATE OF DEATH MONTH	DAY YEAR	2b HOUR
-	(146)	E OR PRINT)	Ruth		Mae		CLINE		June 1, 1982	2	11:00P
四周]	3 SE	Х		4 RACE		5. DATE C			(IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
94		Female		White		OC	t. 25, 1855		82 YRS	MONTHS DAYS	HOURS MIN
33		RTHPLACE (STATE OR SOUNTRY) MORDURY, M.			WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		TIMORE CITY <u>OR</u> COUN Washington	TY OF DEATH	MD
19		TY OR TOWN OF DE Hagerstown	ATH		HOSPITAL, NURSIN HEACHITY GIVESTREEN LINGTON CO		Hospital		SUAL OCCUPATION HOUSEWIFE	LIFE) 12b. KIND O	F BUSINESS OR
33	130	Maryland	N3L COUL Was	nother institution, hity hington	BOONS DO		13d INSIDECITY LIMIT	IS? 13e ST	Rest ADDRESS Box 1	173	
16	14 FA	Daniel		MIDDLE	Baker		IS. MOTHER'S MAIDE		WIDDIE	Mert	ż
medicol	160 1	WAS DECEASED EVER		MED FORCES? /E WAR OR DATES)	218- 38-		O C. Rodr	ney Cli	ne, Boonsbo	oro, Md.	21713
movol vent, the		18 CAUSE OF DEAT PART I. DEATH V		nly ane cause per D BY: TE CAUSE (0)	line for (a) (b), and	1(0.)	mest			BETWEEN	MATE INTERVAL DNSET AND DEATH
todural, arematico, ar ripiury, ar ather troumotic		Conditions, if any gave rise to imm cause (a), static underlying cause	mediate ng the	(b)	RAS A CONSEQUE	Mor	a artin	dent	- Lest Tiso	ion y con	_
injury, or	rion	Almocan	i nom	- 1 pe	nt. J	ling of	the maxes	TERMINAL DI	ISEASE OR CONDITION G	IVEN IN PART 10	
kuo s	CERTIFICATION	12 - 30 -	-	C A			Loft	20a YES	IN CERT	ES, WERE FINDIN I IFYING CAUSES YES []	OF DEATH?
morked or Irem 18 shows	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING JIF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOT WI AT WORK AT WO	CAUSE OF DEA	HOUR A.	M. MONTH DA M.	19	216. LOCATION STREET	CCURRED (EN	VTER MATURE OF INJURY IN ITEM 18	PART 1 OR PART 7) COUNTY	STATE
frem 21 is		220.1 certify that (I) sow the deceos abave, (I) two h 22b. SIGNATURE		7 (1			d that in (my) (our) op	to inion death or	ccurred on the dote and ha		that (I) (we) last causes stated
should be detoc with the State D. MPORTANT: #	9	22d. PHYSICIAN'S N. JOSEPH	AME (TYPE O	PRINT) ECON	DAPI		ATTENDING PHYSICIA	NG MED AN DIRECT	CTOR PHYSICIAN D		L.X2

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR John H. Bast, Jr.

Burial

230 BURIAL, CREMATION, REMOVAL

23b DATE

6- 4- 82

Boonsboro, Md. 21713

23c NAME OF CEMETERY OR CREMATORY

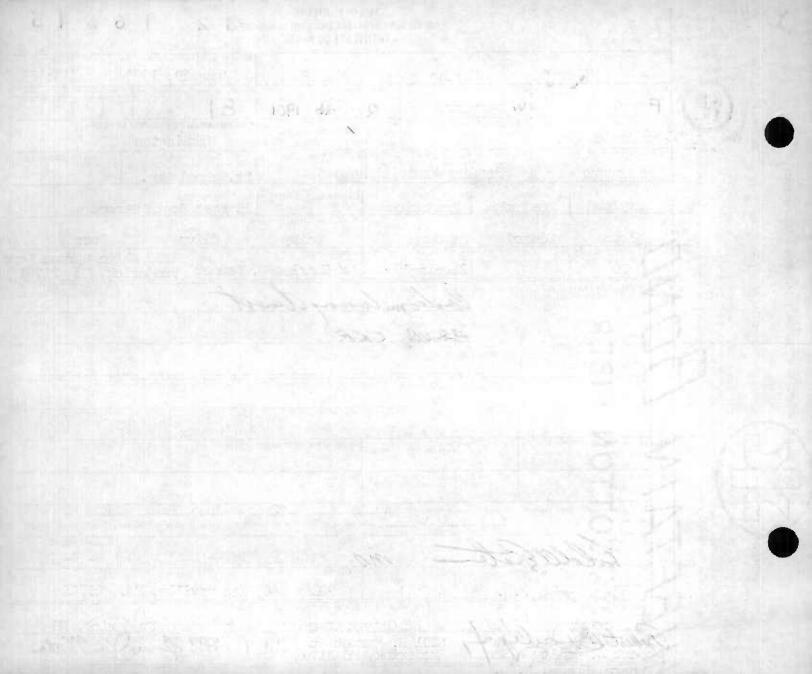
Boonsboro Cemetery

JUN 8 1982 Company Signatural States

Boonsboro, Wash. Co., Md.

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Funeral Homes

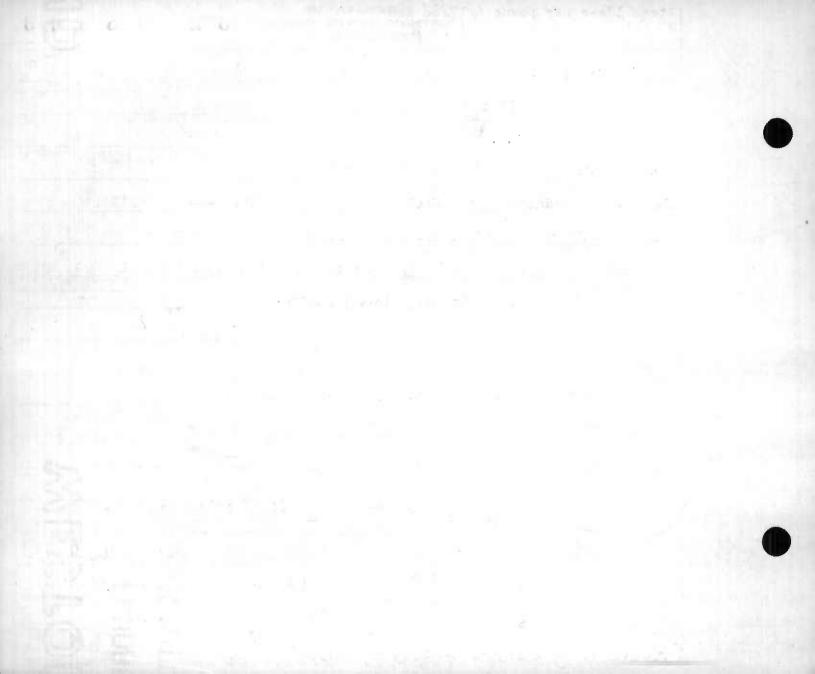


/		FOR	DERARTA	STATE OF MARYLAND	1 C Guma	6 C A 6
		1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 2 4 0
	Ī	DECEASED NAME FIRST	MIDDLE	LAST	T. T	DAY YEAR 26 HOUR
y be		Paul	Chester	Drury	62	9 82 8 50 AM
1 /1	3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
(MM)		Male	White	4 29 10	72 YRS	MONTHS DATS HOURS MIN.
1 1 75		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	BALTIMORE CITY OR COUNTY	Y OF DEATH
		ennsylvania CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	Washington Co	
ofter of the ed w	20	agerstown	(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) UNITY HOSpital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	
in by	0 1	BUAL RESIDENCE (IF NURSING HOME	POTHER INSTITUTION GIVE RESIDENCE BEFORE		Carpenter	Constructi
filled ould b	25	arvland Fre	derick Knoxvi		Route 2. Box	116 3 1
tely 2 sh	1	FATHER'S NAME		15 MOTHER'S MAIDEN NA	IME DOX	110) A
ond ond	20	Martin	L. Drury	Elia	Mae	Britton
md cc ges i	2	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRES 518	Mt. Church
	4	No	213-16-	1168 Mrs. Fran	ces Smith Jeff	erson. Md.
cotts hysic cope cope nt, th		PART I DEATH WAS CAUS	only one course per line for by and	144		BETWEEN CHIEF AND DEATH
200				ratory acidos	315	1
0.00 mark		7720	DUE TO, OR AS A CONSEDUE	The Diller		1 week
e alt mone hou		Conditions, if any, which gave rise to immediate)		ana	1 cuelle
the other	- 1	underlying couse last.	DUE TO, OR AS A CONMODIE	nce of the land		
phed hipped 7. or		PART 2 OTHER SIGNIFICANT		EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OF CONDITION OIL	EN IN PART TO:
1423				V		
a bullet	0	BYE DATE OF OPERATION	18 CONDITION FOR WHICH	OPERATION WAS PERFORMED	70st AUTOPSY? 20b. IF YES IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
9 4 9 4	\bigcirc	21a. ACCIDENT WAS UNDERLYING. [1 21h TIME OF INJURY	The Manual Control of the Control of	1 200	5 NO 🗆
A the state of the	-0.0	THE CONTRACTOR OF THE ASSESSMENT OF THE	KIN HOUR AM MONTH DA	Y YEAR	RED. LEWISE NATURE OF HAMPS OF ITEM IS R	ART LOG PARTEL
A Marco	1	19 10 HER NOTHY MEDICAL EXAMINE 714 PRIJURY OCCURRED	71+ PLACE OF INJURY	2H. LOCATION		
1 1 1 1 1		E word of solvers	CATHOMIC STREET, FACTORY, OFFICE, FA		CITY OF TOWN	COUNTY 11AN
or Add	- 1		nital) attended the deceased from	0/24 10 81	- 6/19	19 80 that its (we) last
AL OR ATTEN The hospital AL DIRECTOR. Senathed for us one Dept. of He Tr. If Nem 21 a.	- 1	saw the deceased alive or above, (I) (we) (did) (did o	6/29 1 108	U (see that in (my) (our) opinion	death occurred on the date and hou	
		224 SIGNATURE 17	Description, other poor,	DEGREE		77c DATE CONED
		Kaa	weenle really	ATTENDING PHYSICIAN I	MEDICAL STAFF	0/29/82
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D FUN D FUN Hoold II HORT		1 K. L. L	tugler/	Geethie	Lane Kees	bisville Md
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HMH - 16 50M 1/81 (VRA 15, 4)		FUNERAL DIRECTOR	1621 Opess	sumtown Pike 250	LET 2 1982	SIGNATURE
		Douglas Stau	ffer Frederick	Maryland		

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FOR WITH STATE	C	RTHPLACE (STATE OR PREIGN COUNTRY)		U.S.A.		WIDOWED		ED Was	hington	County	MD.
S S S S S S S S S S S S S S S S S S S	I	ity or town of DEATI	(IF	ashingt	TAL, NURSING HOME ITY, GIVE STREET ADDRESS) ON County	Hospit		12a. USUAL OCCU FORMOST OF WO Draftsma	IPATION (TYPE OF W RKING LIFE) LN	OR INC	DE BUSINESS DUSTRY Employed
HOUID FECORE		AL RESIDENCE (IF IN NURSI TATE	Fairfie	nstitution, give	RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN Stamford		I. INSIDE CITY LIMITS?	13e. STREET ADDR	ow Park	Avenue,	North
		Nickloas	MIDDI		Dylewsky	7	MOTHER'S MAID	EN NAME	MIDDLE	Samson	
Sion C	16a \ (Y	No .	F YES, GIVE WAR OR	DATES)	16b. SOCIAL SECURITY		ickloas I	ylewsky	26 Mead Stamfor	ow Park	Ave.Nor
SIT PERMIT. PA		18 CAUSE OF DEATH PART I DEATH WAS	(Enter only one of S CAUSED BY: MMEDIATE CAU	SE (a) acut	e myocardi		farction	414		BETWEEN	ONSET AND DEATH
AMINE TRAN ENTAL REMO		Canditions, if any gave rise to in cause (a) stating th	nmediate /	(b)	S A CONSEQUENCE C						
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OF HEALTH AND A	CERTIFICATION	190. DATE OF OPERATI	ON	19b. CONDITIC	ON FOR WHICH OPERA	ATION WAS	PERFORMED?			20. AUTO	
O BURI		210. EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA		21b. TIME OF IN HOUR A.M. A	NJURY MONTH DAY YEAR	21c. HOW	INJURY OCCURRI	ED LENTER NATURE OF IT	JURY IN ITEM 18 PART 1	YES (NO
TAGE 3 SHO STATE DEPAR 1201 PRIOR	MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WOR	D		INJURY (AT HOME,	21f. LOCAT		CITY OR TO)WN	COUNTY	STATE
WITH THE SARYLAND, 2		22a. I certify that I to death resulted from: ACTUAL SIGNATURE	Natural caus	[-	ccident , Suid	Autopsy cide ,	Inspection Homicide TITLE (SPECIFY) deputy	Undetermined m	anner ,	ny apinian ATE GNED June	o ol. 10¢
PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA	1	EXAMINER'S NAME T						, Antietan			~, _, _,
AF BA	(1	URIAL, CREMATION, REA PECIFY) Cremation UNERAL DIRECTOR		18-82	Pernclif		natorv	23d. LOCATION CITY OF TOWN Hartsda]	e Nesta	COUNTY	STATE
AH - 17 5 ME (5)) 1 7/73		K. Coffman	Funeral	Home,]	nc. Hagers	town.	Id. JUN	3 0 1982	Maril 9	E SETTIFICATION OF	

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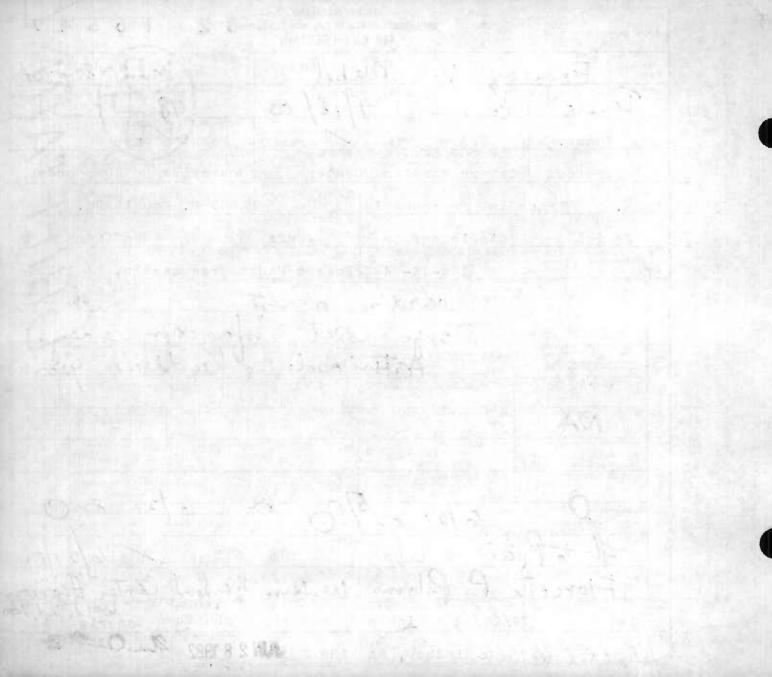
1.	FOR STATE REGISTRAR	DEPAR		ATE OF DEATH	REG. NO.	6 5 4 9
	CEASED NAME FIRST DE OR PRINT) FROM A	son. V.	Ma	bel		21-82/1:10+
1. SE	"Jemole"	(ancesia	5. DATE OF I	BRTH / 83	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR OF UNDER 24 HA
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	USA	Y? 8 MARRIED*! WIDOWED [DIVERMARRIED D	Washington	Y OF DEATH
10. C	Hagerstown	11. NAME OF HOSPITAL, NURS THE STEPN Mary	ET ADDRESS)	other institution enter	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI HOUSEWife	126 KIND OF BUSINESS (INDUSTRY OWN home
SU Ge.	STATE NO COU	INTY INSTITUTION GIVE RESIDENCE BEEC INTY OR TO INC. TO Greenc	astle	BILL INSIDE CITY LIMITS? YES NO 🔀	136 STREET ADDRESS 8807 N. Rabb:	it Rd.
X	ATHER'S NAME Josiah	Gindlesper	ger	MOTHER'S MAIDEN NA Amanda	MIDDIE	offman
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		n informant Robert Fau	st Greencastle	e, PA 17225
ATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSTITUTIONS CONTRIBUTING TO	NCLOS DEATH BUT NO		MINAL DISEASE OR CONDITION GIV	VEN IN PART
CERTIFICATION	NA				YES NO YE	FYING CAUSES OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH ER) P.M.	DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		11. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive a	oital) ottended the declared from 2 19. the body after death.	82 and	that (laur) apinion	death occurred an the date and hou	19, that (I) (we) ur and from the causes stated
	THE PHYSICIAN'S NAME (TYPE	falomo L	w	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	16/21/87
20	Florec	ita P. Palo	smo	Western	Wayland Cer	ter Acare
В	BURIAL, CREMATION, REMOVA (SPECIFY) Urial			d Cemetery		ambria PA
2	NERAL DIRECTOR NAME ADAM R. Dall	Windle Windber	r, PA	15963 250 DA	N 2 8 1982	SIGI SIGI

STATE OF MARYLAND

DHMH - 16 50M 1/11 (VRA 15, 4)

seph R. Dallo Valle Windber,

TO FUNERAL DIRECTOR. After this certificate has been signed by the atte



FOR - STATE

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TMEN	TOF	HE	ALI	ш	AND	MENT	,

	REGISTRAR		CERTI	ICAIL OI DEATH	REG. N	10.		
	ECEASED NAME FIRST	MIDDLE	EINHEUL	LAST	20 DATE OF DEATH		AY YEAR	2b HOUR
	John	Joseph	Filipa	ovitz		6/18	5/82	125A
3. SE		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS.
	male	white	Marc	h 10, 1904	78	YRS	ONTHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8.		9 BALTIMORE CITY		OF DEATH	
	ingary	USA	WIDOWE	D NEVER MARRIED DIVORCED	Washin	gton		M
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	17a USUAL OCCUPAT			OF BUSINESS OF
Ha	agerstown	Washington		Hospital	packing d			ent Co.
USU 13a.	JAL RESIDENCE HE NURSING HOME O STATE 136 COU		DENCE BEFORE ADMISSION) Y OR TOWN	13d INSIDE CITY LIMITS?		L. Harris		
Ma	aryland Wash		gerstown	YES INO	13e. STREET ADDRESS 763 Je:	fferson	Blvd	
14 F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN IN	NAME		(3)	
	John J. Filip	oovitz	thoi .	Rose	MIDDLE		LAS	51
	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	CIAL SECURITY NO.	17. INFORMANT	ADDR			
150	No	213	-10-6875	Mrs. Marga	ret Filipovit	z, Hag	erstow	vn, Md.
	18 CAUSE OF DEATH (Enter of	nly one cause per line for t	(a), (b), and (c).)				BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE		incer of	lung			1 /	cor
	1629	DUE TO, OR AS A C	ONSEQUENCE OF				0	
	Canditions, if any, which	(b)	ONSE GOETICE OF				3 3 3 3	
	gave rise to immediate couse (a), stoting the	2115 70 00 15 16	0.1050.10.105.00					
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	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0.1
O				tive lung a		IDITION OIVE	IN IN PART TIE	
CERTIFICATION	19a. DATE OF OPERATION		OR WHICH OPERATIO		20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
TIFIC	- 41				YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
CER	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCL	JRRED (ENTER NATURE OF INJ			
AL	OR CONTRIBUTING CAUSE OF DEA		ONTH DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUI	RY	211 LOCATION				
ž	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	PRY, OFFICE, FARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE
	22a.1 certify that (1) this haspi	ital) attended the deceas	sed fram M 6	Ly 1 19 B	2 10 June	-15	. 82	that ((we) las
	sow the deceased alive an abave, (N/we) (did) (did no			nd that in (my) (our) opinio	on death occurred an the o	lote and hour	ond from the	couses stated
	22b. SIGNATURE	Trylew the body after dec		DEGREE			22c DATE	
	Richard	E. Show it	t, m.D.	ATTENDING	MEDICAL STA	FF	1.1.	15/02
	22d. PHYSICIAN'S NAME, (TYPE O		71112	22e ADDRESS	OIRECTOR PHYSI	LIAN []	10/1	370
	Richard	E. Smith	, M.D.	1708 Ga	K Hill A	venve	Lance	ato to
23o E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY			7 14016	Nanorell
bı	urial	June 18,1		Haven Cem.		wn. Wa	ash. M	arvland
	UNERAL DIREMINNICH			25o. D.		25b. 9EGISTR		
	5 E. Wilson Bly				7961 9 7 116.	Miane		Mayor.
11	J D. WIISOII DIV	a., magers	cowin, wid.	D1110	***			

DHMH-16 50M 1/81 (VRA 15, 4)

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AND TOPS I KEEL AND IN STATE OF THE PARTY OF THE STATE Private E Smith Mile Taxon Out the Burney Herriston FOR

STATE OF MARYLAND	24
EPARTMENT OF HEALTH AND MENTAL HYGIENE	O
CERTIFICATE OF DEATH	

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	1-	STATE REGISTRAR		CERTIF	CATE OF DEATH	RE	EG, NO.		
N		CEASED NAME FIRST	MIDDLE	t.	AST	20. DATE OF DEA		DAY YEAR	26 HOUR
	(TYPE	MAE	E.	FLANA	GAN		6	58-1	- 5.25 M
	3. SE	* Jemale "	White	S. DATE C	F BIRTH	6 AGE (IN YEARS L	AST BIRTHDAY) YRS	MONTHS DAYS	
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			WAR OR DATES) 217	10 3161	B. Joyce	Bower	S +4	GERSTI	DOWN, MO DXIMATE INTERVAL N ONSET AND DEATH
	NOI.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	CAUSE (a)	ONSEQUENCE OF	oschook	ic heest		San 2	fer min
2	CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOI	R WHICH OPERATION	WAS PERFORMED	200 AUTOPSY	IN CER	YES, WERE FIND TIFYING CAUSE YES	
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. TIME OF INJURY HOUR A.M. MO! P.M. 218. PLACE OF INJUR (AT HOME STREET, FACTOR	NTH DAY YEAR 19	21c. HOW INJURY OCC 21f. LOCATION STREET	URRED (ENTER NATURE (Lind	
		220.1 certify that (1) (this haspital saw the deceased alive on abave, (1) (we) (did) (did not) 22b. SIGNATURE	(. 1	19 & Z , an	d that in (my) (aur) apinio	on death accurred an	STAFF		that (1) (way last the causes stated E SIGNED
		22d. PHYSICIAN'S NAME (TYPE ORT	NBAKER		22e ADDRESS	45 E	カンで	FS	1
	-	BURIAL, CREMATION, REMOVAL TOPICHY) UNERAL DIRECTOR	6-9-82 305 N	Rest 7	EMETERY OR CHEMATOR	23d. LOCATION TY OR TO PACE OF THE PROPERTY OF	estau	ISTRAR'S SIGNA	lakyla W

JUN 1

DHMH-16 30M 2/80 (VRA 15, 4)

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S S S S S S S S S S S S S S S S S S S	72 F JI N STREE	3. SEX		white	5. DATE OF BIRTH MONTH DAY Dec. 21, 1	YEAR 930	6. AGE (IN YE LAST BIRTHD		IDER 1 YR.	IF UNDER 2				MONTH 6	28	YEAR 19 82	2d HOUR 12:30
IS NECESSARY E FUNERAL DI E 5 FOR YOR	Seesto Within	7a. B1	RTHPLACE (STA	ATE OR	76. CITIZEN OF WI			1	ED NEV	/ER MARRIEI			ashin s	_	NTY OF		PIVI
ON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH IF ANY DELAY IS NECESSARY ITEM 18. GIVE PAGES 1, 2, AND 31 OTHE FUNERAL DIRECTIONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR THE	S S W.	Н	agersto	wn	11. NAME OF HOS (IF NOT IN SUCH FA 1319 W.	Chu Chu	rch Si	treet	er institut	TON	12a. USUA FOR MC cle:	al occup. ost of work \mathbf{rk}	ATION (TYPE	OF WORK	rai	IND OF BURNING	ISINESS RY
21201 F ANY DI AND 3 T RETAIN	3000	13a S1		1136 COUN	or other institution, GI NTY hington	13c. CITY	OR TOWN		13d. INSIDE (II Yes 🕱	TY LIMITS?	13e STREE	19 W	S Chu	rch	Str	eet	
OEATH. II SES 1, 2, M. PM 3.	AND 2 S			ence M.			last		FI	r's maiden Jennie	e Ma	e Ho	vis			tast	
BALTIMORE. S AFTER DEA GIVE PAGES ITH FORM P	VISION	16a. W	Yes		MED FORCES? -1952 Ally ane cause per line	219-	20-20°		17. INFORM	rlene			ADDRESS		ort	,Md.	
ES ZZ K	USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, I JRIAL, CREMATION, OR REMOVAL.	2	Candition gave rise cause (a) lying cause	s, if any, which e ta immediate stating the <u>under</u> le last.	TE CAUSE (a) DUE TO, OR	AS A CON	injur ISEQUENCE ISEQUENCE	OF OF									
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CAMINE ERTIFICA D BE FO	WECTO VITH TH VRYLAN		220 certification death resulte		ge of the remains des oral causes .	Accident		Autap ricide	sy XX	Inspection de	Undeter	Inquiry mined mar	nner ,	DATE	pinian	6/30	
TO MEDICAL ED EXECUTE THE CIP PAGE 4 SHOUL	FTER DEAT	-	EXAMINER'S N (TYPE OR PRIN	IT)	Virginia			MD	ADDRESS_	111 P	enn	Stree	t,Bal				
BP	H-17	b.	urial	ORMATNINIT	June 30,1	982	Rose I HOME	Hill C	emete	ry	Hag	ersto	wn, V	Wash	UNIY 1. M	aryl	and
(VR A15		4.	LO E. W	uson Bl	vd., Hage	ersto	wn, M	d. 21	740	101	6	JUL					

6 6 6 0 2 HR office but myour age. . . brill

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 50M 1/BI (VRA 15, 4)

FOR

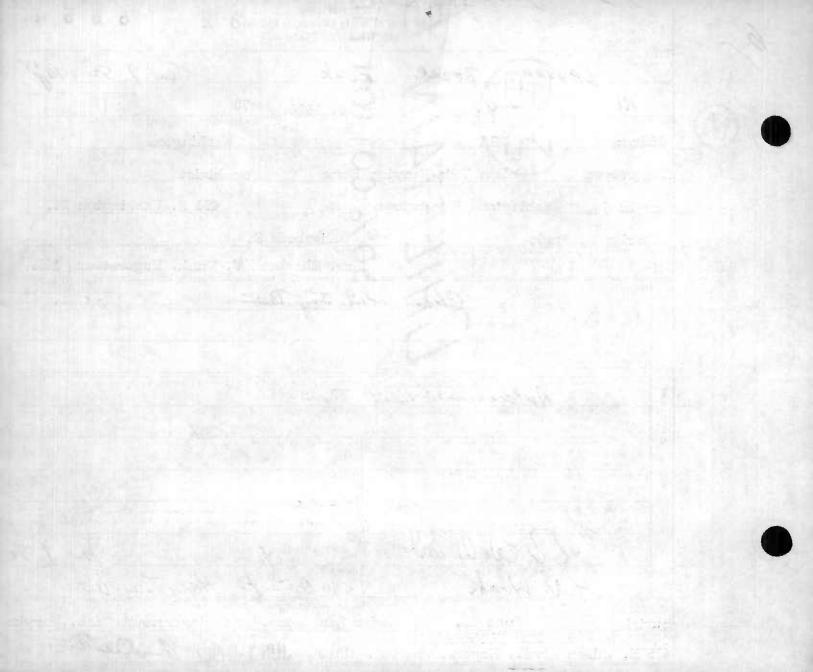
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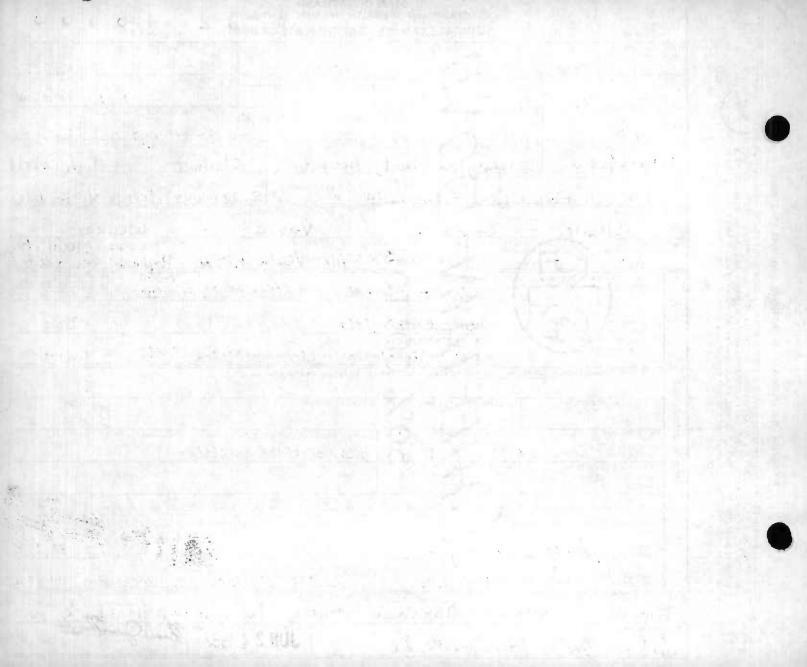
STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & YEAR 2b HOUR IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Washington 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 431 E. Washington St. LAST 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [COUNTY STATE



BERTHERACE (PARTOS TORGON) TORGON OF DEATH U.S. A. U.S			STATE OF MARYLAND	
DOCKED DAME THE	1-		R /	6 5 5 5
THE CATEGORY OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) THE CAUSE OF DEATH (Enter only one cause per	1 00		REG. NO.	
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Burial 6/23/82 Parkland Gardens Greene TWP, Frankly 6., 12.				rstown, Md 2174
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FOR STATE REGISTRAR		DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8	2	1	6	5	5	É
NE GIOTATA					REG. N	10.				
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KE O IS TRAK						REC	. NO.			
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3. SEX	4.	RACE		5 DATE O		6 AGE (IN YEARS LAS	-	IF UNDER I YEAR	IF UNDER 2	24 HRS MIN.
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10 CITY OR TOWN OF DEA	тн 11	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A ON MANOR	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUP	OST OF WORKING LIFE	E) INDUSTRY		
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14. FATHER'S NAME	AA IÉ	DDLE	LAST	1000	15 MOTHER'S MAIDEN NA	ME			67	
Charles	1816		Crome	r		guerite		Rider	nour	
160 WAS DECEASED EVER	IN U.S. ARME		16h SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DR E.	Frank	Lin S	t.
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IS CAUSE OF DEATH	1 Enter only	nne rouse per	line for (n) (h) one	Tet I					XIMATE INTERV	
18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED	BY.	2 Lelve	to be	e Cancinia			BETTTE	ON MAN AND E	
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OR CONTRIBUTING CO		P.	Μ.	19				T 8 5		
21d. INJURY OCCURR	ED	21e PLACE	OF INJURY		21f LOCATION	CITYC	RTOWN	COUNTY	51	ATE
AT WORK NOT WHE	KE .	(ATROME STR	REEL PACIONT, OFFICE, FA	RM, EIC)		1				
220.1 certify that (I)	(this hospital	ottena (A	e deceased from_		May 19.81	10 19 30	Jue .	19 82	that (1) (w	e) lost
sow the decease	d alive on	- 3h2-1	10 6	2	nd that in (m) (our) opinion	death accurred on th	e date and hour			
obove, (I) (we) (d 22h SIGNATURE	iai (ala not) i	view the	anni Sean	311	West P	- 196 y 2 B		72¢ DATE	SIGNED	_
20		No	>	-2	ATTENDING	MEDICAL S	STAFF	19	Su	00
22d. PHYSICIAN'S NA	ME (TYPE OR P	A (tens		-	72e ADDRESS	DIKECTOK PH	I SICIAN [- 3-2	OL
W.A		AK.				1 1 0	. 14	wast.		hal.
44.11.	7.	- Kath			138 E. A.		71 140	daran	WM I	VV
230. BURIAL, CREMATION, I	REMOVAL	23b. DATE			EMETERY OR CREMATORY	236 LOCATION	N 4	JOUNTY	51	ATE
Burial	1	6-22-	-02 Fa:	irvie	w Cemetery	Keedy	sville,	Wash.	Co	Md

Boonsboro, Md. 21713

Keedysville, Wash. Co., Md.

250. CHATELETE 2 3 1982 APT OF REGISTRY

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

John H. Bast, Jr.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. For 4 certificate by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral districtions about be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hairs with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the transpired by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal.	IMPORTANT: If frem 21 is marked or frem 18 shows any injury, as

	FOR	
_	STATE	
	DECISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	6	3	5	8
				-7

REG. NO

	ECEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	7: 00
(17)	Cathe:	rine Irene	Gri	ffith	June 8	3. 198	2	7:00
3 SE		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	Female	White	MONTH 7	15 11	70	YRS	DATS	HOURS MIN.
7a E	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
V	irginia	U.S.A.	WIDOWE		Washingt	con Co	untv	MD.
10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR
	gerstown	Colton Villa	Nurs	sing Center		A MONKING LIFE)	INDUSTRI	
13a.	STATE 136 COUR		WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
-		ington Hagers	town	YES NOX		1419	Howe]	Ll Road
14 F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN N	NAME		LA	ST
		Villiams			herine "Pr	ie" W	illia	ms
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
	(YES, NO OR UNKNOWN) (IF YES, GIV	216-76	-0757	Richard C	Friffith		- 14 6	
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), a	ind (c).)				BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (D) Cancer	of o	ropharynx			mon	ths
	1461	DUE TO, OR AS A CONSEO	UENCE OF					
	Conditions, if any, which	(b)						224-17
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF					
	underlying cause last.	(c)						
_	PART 2 OTHER SIGNIFICANT	conditions <u>contributing</u> to	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVE	N IN PART 1	101
CERTIFICATION								
S	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED S OF DEATH?
E					YES NO NO	YES		№ □
	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT I OR PART 2)	
SAL	(IF EITHER NOTIFY MEDICAL EXAMINES	AIR	19					1900
MEDICAL	214 INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
^	AT WORK NOT WHILE AT WORK			19				
		ital) attended the deceased from	Apı	ril, 19_6	6June	, 14	9_82	that (1) (we) last
	sow the deceased alive on above, (I) (we) (did) (did no	June 1. 19.	82	nd that in (my) (our) opinio	on death accurred on the d	ote and hour	and from the	couses stated
	22b. SIGNATURE	271 M D	^	DEGREE			22c. DATE	SIGNED
	Howard N.	Weeks, M.D.		ATTENDING PHYSICIAN	MEDICAL STA	CIAN 🗌	6/8	/82
	274 PHYSICIAN'S NAME HITE	1100 V		22e ADDRESS 580	Northern	Avenue	3	
1.5	- />	4 weeks	X	Hage	erstown, M	d. 217	740	
23a.	BURIAL, CREMATION, REMOVAL	ZIB. DATE 23c	NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION			MDE
	(SPECIFY) Burial	6-10-82 R	lest F	Haven Cemet	tery Hager	stown	wasn.	//
24. F	UNERAL DIRECTOR REST	HAVEN FUNERAL		PEL 250. D	ATT RECEDENAL	25b. REIO'S LB	ABIS SIGNAT	TURE
	T601 Penna	. Ave. Hager:	stown	, MD	1000 × 1000		13	4

DHMH-16 30M 2/80 (VRA 15, 4)

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			REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.			
			CEASED NAME FIRST		MIDDLE	1	LAST	20. DATE OF DEATH MON	NIH DAY	YEAR	26 HOUR
deoth	N.	A TAN	EORPRINT) Emi	ly F	lijobeth	9	reffer	6	, 14	1 8 2	1 5 M
0	60	SE	X	RACE		5. DATE		6 AGE (IN YEARS LAST BIRTHDA	Y) IF UI	NDER I YEAR	
lo su	-		female	white			h 13,1926	56	YRS		HOURS MIN.
2 ho	71	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF	DEATH	
oto	0	P	ennsylvania	US.		WIDOWE	sepanated -	Washin	gton		MD.
with we	7/3	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	1		OF BUSINESS OR
filed	7		lagerstown	Washi	ngton Co	unty	Hospital	housewife	RKING LIFE)	NDUSTRY	
d be	7 1	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		1136 CITY OR TOW	N	1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		- 1	
hool	1			ington	Hagersto	own	YES 🔼 NO 🗌	911G Mair	Ave		
d 2 s	11	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		IA.	
50%	11		Henry J. Hau	pt			Violet I	M. Wade		10	31
es l'es	1	16a. \	MAC DECEASED EVER BLIVE AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS			
Pog.	/		ves no or unknown) I if yes, give	E WAR OR DATES)	180-22-7	765	Hope E. Rot	hrock, Hage	rstown	a, Me	d.
ol.			18 CAUSE OF DEATH (Enter an	y ane cause per	line for (a), (b), and	dich				APPRO)	CMATE INTERVAL ONSET AND DEATH
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orbo or re			1830			-5-1-14-6					
on, o			Canditians, if any, which	DUE 10, O	R AS A CONSEQUE	NCE OF					
to t			gove rise to immediate	1b)							
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nit. I	des	CERTIFICATION	19g. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20	IF YES, WE	RE FINDI	NGS USED
ws o	1	IFIC							CERTIFYING	CAUSES	OF DEATH?
ygie	100	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	F INTURY		21c. HOW INJURY OCCURR	YES NO	YES _	000.000	NO 🗌
ol Hy	4		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	THE HOW MAJORY OCCUR	ED (ENTER NATURE OF INJURY IN	TEM IS PART I	ON PART 2)	
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d or	4	VED	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC	III LOCATION STREET	CITY OR TOWN		COUNTY	STATE
os th			WHILE NOT WHILE AT WORK			7	123 01	1/11		61	
leoli s m			22a L certify that (1) (this haspit			,	19 82	-, to 0	, 19	0	that (I) (we) lost
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ept ept fem			226. SIGNATURE	1	1/)	Λ	DEGREE			22c DATE	SIGNED
te D			to aloni	. 4	- Va	/1 1	ATTENDING PHYSICIAN	MEDICAL STAFF		61	14/0,
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short With	+	22.	T. COLONICE I				1 18 61 14	tweet no	100	rgers	rounde
			BURIAL, CREMATION, REMOVAL	June	16,1982	Trou	EMETERY OR CREMATORY t Run Cemete	23d LOCATION TO TOOME RI	ın. co	UNTY	Penwa.
		0	wU-1	o dire			- Train Comoto		,		

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTION FUNERAL HOME ADDRESS

415 E. Wilson Blvd., Hagerstown, Md. 21740

* 0 0 0

	1.	FOR - STATE REGISTRAR		PARTMENT OF I	E OF MARYLAN HEALTH AND ME FICATE OF DEA	NTAL HYGIEN	NE 8	2 REG. N	0.	6	5	6	0
		CEASED NAME FIRST Char	les Elber		ssnickl	100000000000000000000000000000000000000	DATE OF	DEATH	MONTH 6	3	YEAR 82	26 HO	ÜR A
ector and under	3. SE	Male	White	5. DATE (T 19	1896	AGE TINYE		YRS	MÓNTHS	DAYS	IF UNDER	R 24 HRS.
uneral diin 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	WIDOW		RRIED U	BALTIMO	_	ning		EATH		MI
by the fu	На	igerstown	II. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Washingto	e street address)		_ (1	B USUAL C			LIFE) IN	KIND O DUSTRY Insu		
hould be the	13a :	-	NTY 13c. CITY O	RTOWN		10 🔀	e STREET A		olfs	vil	le F	load	1
completel 1 and 2 s		Charles	C Grossni			lizabe	eth	Este			ıhrn		
on and c		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GP	VE WAR OR DATEST	1 SECURITY NO. 325718	Quenti		ssnic	kle	Mye:	rsv:	ille	N	(D)
been signed by the attending is rimit. Then please remove carbon prior to burial, cremation, or ren ony injury, or other fraumatic ex	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CON (b)	SEQUENCE OF	heopei		AL DISEASE		DITION G				4
ber	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJU		YES (ENTER NAT	NO [IN CERT	ES, WER	CAUSES	OF DEA	TH?
the burial-the borial-the burial-the ond Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK		19	211 LOCATION STREET			CITY OR TO	wn	cc	YINUC		STATE
ERAL DIRECTOR: e detoched for us State Dept. of He NNT: If Hem 21 is		22a. I certify that (I) (this hosp saw the deceased alive or above, (I) (web. did) (did to 22b. SIGNATURE	traffer the body after death.			ENDING	MEDICAL	CTAI	FF _				toted
P NO FUND OF THE PROPERTY OF T	24 F	Edson B. Mo BURIAL CREMATION, REMOVAL (SPECIFY) Urrial Uneral Director ttile-Rickett	23b. DATE 6-6-82	-Gross	EMETERY OR CRE		23d LOCA	TION OR TOWN	e F	cour	ric	12- N	STATE
	דה	JJ9VOTV-STO	& F.H. Myer	rsville	MD	NAME OF THE PARTY				4/4			

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FOR - STATE

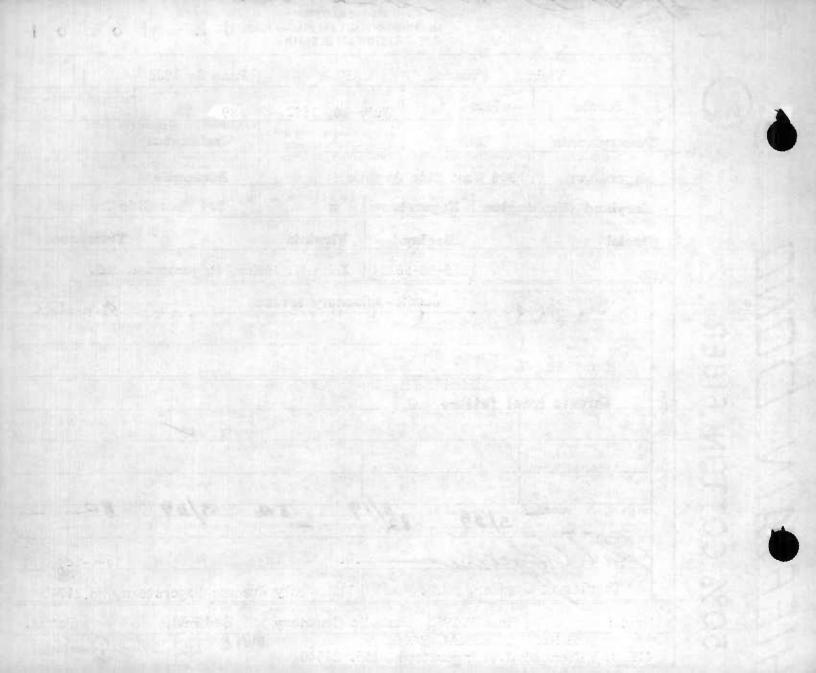
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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6		0	5
2	- 1	6	-

REGISTRAR		CERTI	ICAIL OI DEATH	REG. NO.	
1 DECEASED NAME FIRST	WIDDLE	i i	A51	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Vic	ola France	s H	IAFER	June 3, 1982	
3 SEX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
female	white	Jul	y 14, 1891	90 _{YRS}	MONTHS DATS HOURS MI
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
Pennsylvania	USA	WIDOWE	DE DIVORCED	Washington	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	126. KIND OF BUSINESS
Hagerstown	304 West S		ue	housewife	, c) I NOOSIKI
JOUAL RESIDENCE HE NURSING HOME 30 STATE 1136 CC		OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
	shington Hag	gerstown	YES 🔼 NO	304 West Sid	de Avenue
FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	1457
Daniel	Ba	gley	Virginia	1110000	Thompson
WAS DECEASED EVER IN U.S.	CINE WAR ORDANIES	AL SECURITY NO.	17 INFORMANT	ADDRESS	
No.	216-	36-5622	John W. Ha	fer, Hagerstown	, Md.
18 CAUSE OF DEATH (Enter	only one couse per line for (o)	, (b), and re III			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PARTI. DEATH WAS CAL	SED BY	Cardio-pu	lmonary arrest		A man
117 7 IMMED	IATE CAUSE (o)				minulec
10/0	DUE TO, OR AS A CO	NSEQUENCE OF			
Conditions, if any, which	(b)				
gove rise to immediate					
underlying couse lost	DUE TO, OR AS A CO	NSEQUENCE OF			
enderlying coose tost	(c)				
PART 2 OTHER SIGNIFICAN	t conditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	VEN IN PART 110
Chronic 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	renal failure				
M DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
					FYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING			21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 218 INJURY OCCURRED		TH DAY YEAR			
21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY		STREET	CITY OR TOWN	COUNTY STATE
		-1	10 00	6/58	~ ?
	ortal) ottended the deceased		7 1982	10 5/27	19, that (1) (wold
sow the deceased alive above, (1) (west (and) (did	not) wew the body offer death	-19 -, on	id that in (my) (aum) opinion d	eath occurred on the date and hou	or and from the causes stated
77L SIGNATURE			DEGREE		22c. DATE SIGNED
Latel	Anline.		1.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	6-4-82
224 PHYSICIAN'S NAME OF	agentin		22e ADDRESS	DWCCIOK LILISICIAN	10-4-02
	. Spencer, M.	D.	1198 Kenly A	venue; Hagerstov	wn Md 21740
Ba. BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d LOCATION	
burial	June 7,198	2 Cathol	lic Cemetery	Bedford,	Penna
FUNERAL DIRECTOMINN			25a DAT	lela .	
NAME	Blvd., Hager	DDRESS		1984 198	me Janlary
TID E. WIISON	Divu., nager	Stown, M	u. 21/40		

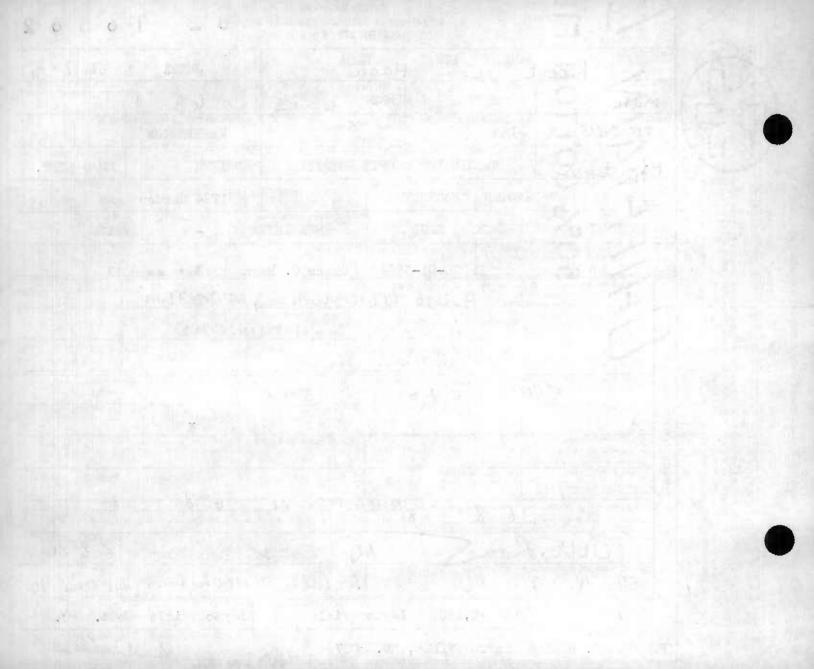
DHMH - 16 50M 1/81 (VRA 15, 4)



FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) HARRISON SARY, PLEASE AL DIRECTOR. YOUR FILES. N 72 HOURS CARL CECIL DEATH MATED A JUNE 6 PM 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS LAST BIRTHDAY) PRONOUNCED White July DEAD MALE 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) T.S.A. WASHINGTON Virginia WIDOWED -DIVORCED ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Maintenance worker Hagerstown Washington County Hospital Frick Co. SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Franklin 431 Scott Ave. Waynesboro YES X Penna. NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Harrisbn Caroline (unknown) Joseph ADDRESS Waynesboro, Pa. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. 232-20-3468 431 Scott Ave. Mrs. Carl C. Harrison 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY N-802 - FRACTURED RIBS WITH MASSIVE PNEUMOTHORAX 25 MIN. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) **IFICATION** 2. 1. ANTHRACOSIS -SEVERE OBSTRUCTIVE PULMONARY DISEASE 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES (X) NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 24 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
PASSENGER RIGHT FRONT SEAT IN VEHICLE STRUCK HOUR 45 MONTH BAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH BY ANOTHER VEHICLE 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. GREENCASTLE INTERSECTION WHILE AT WORK WMSPT. PIKE RT.#63 & RT.#11. FRANKLIN. 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian FUNERAL DIRECTOR: X death resulted from: Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED JUNE 7, 1982 DEPUTY DEATH SIGNATURE MEDICAL EXAMINER 217 WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, 111, M.D. ADDRESS HAGERSTOWN, MARYLAND (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Harbaugh Church Cem. June 9,1982 Rouzerville Franklin 24. FUNERAL DIRECTOR 250. DATE REQ'D:18Y REGISTRAR 256. REGISTRAR **DHMH - 17** (VR A15 ME (5)) Waynesbore. Penna. 30M 7/73

THE SO 1896 65 -1 THE PARTY OF THE REAL PROPERTY. . of home remains commercial fallyson grand motanties manager laded to. . Tradition it was a conservation of the contract of the contr (winties) Caroline (walten) TO OFFICE STATE OF . We took the antitude to both the took as the . THE EXPLOREMENTAL DEPARTMENT OF THE STREET A THE STREET OF THE STREET OF THE STREET East . State - YTEAT TO THE RESERVE TO THE THE PERSON AND THE PE June 9, 1912 carbingh Church Com. Routerville Franklin - to. . Annol (olosoma) - Land.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2g DATE OF DEATH YEAR 2h HOUR TYPE OR PRINT 1982 13. Hartle Jr. Harry Eakle June IF UNDER 1 YEAR 4 RACE S. DATE OF BIRTH AGE UNIVERSIAST BIRTHDAYS 3 SEX IE LINDER 24 HRS 1920 Male White Nov. BIRTHPLACE I STATE OF FORFIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Washington County Maryland O CITY OF TOWN OF DEATH 12h KIND OF BUSINESS OR INDUSTRY Washington County Hospital Officer Police Hagerstown 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Jefferson Blvd. 2343 Washington Hagerstown Maryl and 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST Harry Eakle Hartle Sr. Bessie Barr ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT YES NO OR UNKNOWN) 215-14-1120 Virginia L. Hartle Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 6 mos DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION artery Disease Coronary 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Nasopharyngeal Tumor NO T 21h TIME OF INJURY 210. ACCIDENT WAS UNDERLYING CENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. none 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) ottended the deceased from_ saw the deceased alive an and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATUR 22c DATE SIGNED DEGREE ATTENDING MEDICAL 6-14-82 PHYSICIAN DIRECTOR PHYSICIAN

William W. Lesh M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY

22d PHYSICIAN'S NAME (TYPE OF PRINT)

411 Division Ave Hagerstown, Md

23d LOCATION

(SPECIFY) Burial 24 FUNERAL DIRECTOR 305 N. Potomac St. Gerald N. Minnich Hagerstown, Maryland

6-15-82

22e ADDRESS

Cedar Lawn Mem. Pk Hagerstown Wash.

DHMH - 16 50M 1/81 (VRA 15. 4)

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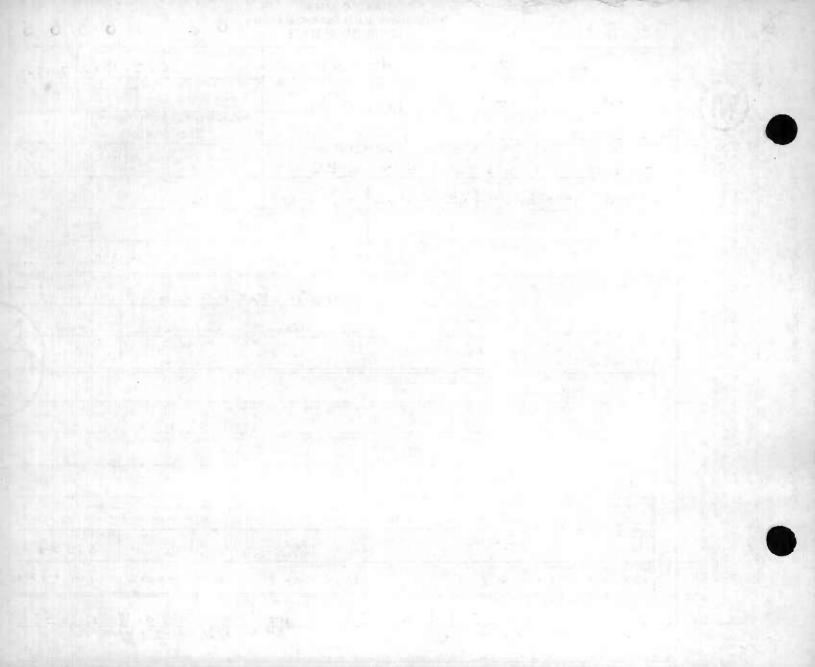
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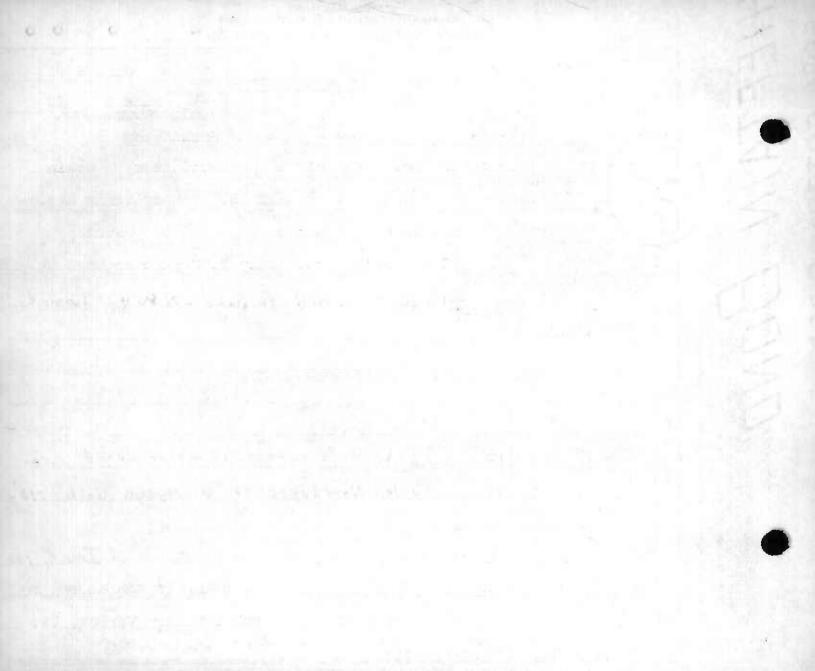
415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN MONTH 26. HOUR (TYPE OR PRINT) ESTI-Argie Hinkle Jr. Lynn DEATH MATED June 61982 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE DAY 54 VDC PRONOUNCED White Aug. 192 Male ..82 June 6 DEAD 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXIEVER MARRIED Virginia U. S. Washington WIDOWED DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Washington Co. Hospital Exterminator Hagerstown Orkin USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Washington Hagerstown 13d INSIDE CITY LIMITS? 2377 Pennsylvania Ave. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Argie MIDDLE MIDDLE Mable Hinkle Sr. Lynn Sutton 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS Yes, no, or unknown) 230-22-6617 Mrs. Patsy S. Hinkle Hagerstown, Mo CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND/DEATH PART I DEATH WAS CAUSED BY head - N854 40 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF BE USED AS A BURIAL - TRA IST NT OF HEALTH AND MENTAL HY BURIAL, CREMATION, OR REMO Conditions, if only, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [DEPARTMENT NO 4 210 EXTERNAL CAUSE WAS 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 2 HOUR AM. MONTH DAY YEAR UNDERLYING Se unshor CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY II. LOCATION (AT HOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAUDMORE, MARYLAND, 21201 P AT WORK NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Suicide & Natural couses deoth resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL BURIAL 1982 Verona U. M. Church Cemetery Verona, Va June Va. 24 FUNERAL DIRECTOR Minnich Funeral Home 415
Hagerstown, Marylan **DHMH - 17** (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND

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77			70

T - STATE REGISTRAR	DEPAK		FICATE OF DEATH	REG. NO	D.	•	~	•
1. DECEASED NAME FIRST (TYPE OR PRINT) Ada	Al i ce		XSON	June 25,	1982	DAY Y	EAR	748807 5:00AM
3 SEX	4 RACE	MONIT	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER	DAYS	IF UNDER 24 HRS
female	white	M	arch 13,1897	85	YRS.	MONTHS	DATS	HOURS MIN
To BIRTHPLACE (STATE OR FOREIGN Waynesboro	76 CITIZEN OF WHAT COUNTRY USA	? 8. MARRIE WIDOW	ED NEVER MARRIED	Washingt	_	Y OF DEA	TH	MD
Hagerstown	2400 Paradise			12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O housewife			IND O ISTRY	F BUSINESS OR
	Shington Hagers		13d. INSIDE CITY LIMITS?	13e STREE400 Pa	radis	e Cł	ur	ch Road
Harry D.	Fisher LAST		15. MOTHER'S MAIDEN NA/	WIDDLE		Не	rsh	iey
16a WAS DECEASED EVER IN U.S. NO OR UNKNOWN] (IF YES	ARMED FORCES? 166 SOCIAL SEC 220-18-0		Robert Hixs	son, Hagers	00			
PART I. DEATH WAS CAI	r only one cause per line for (a), (b), a USED BY: DIATE CAUSE (a)		nonary arrest				men	ts
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE (6) Arteri	UENCE OF OSCIET	rotic heart di	sease		У	ear	s
couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	UENCE OF						
	or conditions contributing to sclerotic heart d			INAL DISEASE OR CON	DITION GI	VEN IN PA	ART 110	,
Arterios 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTI			GS USED OF DEATH?
00.00.00.00.00.00	DEATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART I OR P.	ART 2)	
OR CONTRIBUTING CAUSE OF FITHER NOTHER MEDICAL EXAM 21d INJURY OCCURRED WHILE NOTWHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUP	ИТУ	STATE
sow the deceased alive	on 19	820	nd that in (my) (ma) opinion of	, to	ate and hou	19.8 c	m the	that (I) (ve) last causes stated
774 SIGNATURE		n	DECREE			22c.	DATE	SIGNED
Bach 4	grener	111	* ATTENDING PHYSICIAN	MEDICAL STAF		6	-25	-82
Charles C	Spencer, M.D.		1198 Kenly A	venue; Hage	rs tow	n, M	d. :	21740

June 28,1982 Greenhill Cemetery

Hem 18 sha

MPORTANT:

74 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 DHMH - 16 50M 1/81 (VRA 1S, 4)

23a BURIAL, CREMATION, REMOVAL burial

Waynesboro, Franklin, Penna.

1198 Kenly Avenue; Hagerstown, Md. 21740

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	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG, NO.	6 5 6 8
		CEASED NAME FIRST	MIDDLE	LAST	LE. DAIL OF BEATT	DAY YEAR 26. HOUR
		Elizabeth	4		June 19, 198	
	3 SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
H		emale	White	May 14 1906	76 YRS.	
70		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
0		ldie, Virginia		WIDOWED A DIVORCED	Washington C	
9	-	agerstown	F NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) UNITY Hospital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII Secretary	12b. KIND OF BUSINESS OR INDUSTRY Automobile
5	130 S Ma		other institution give residence before live list city or town nington Hagers	town YES NO X	13e STREET ADDRESS 660 Preston	Rd.
5	14. FA		MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	(AST
U		John Dou	glass Moore	Mary Ella		Chynn
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	RITY NO. 17 INFORMANT 8838Elizabeth I		each, Va.2345 reenhill Rd.
	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E Dress 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH DA 216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216. HOW INJURY OCCUR 19 216. LOCATION	AINAL DISEASE OR CONDITION GING UN ENTRY 200. IF YE IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE
		220. I certify that (I) (I) the hosping saw the deceased alive an above TITE of this in 1715. SCINGLED IN	ed) offended the deceased from	, and that in (my) (con) opinion DEGREE	death occurred on the date and hou	22c. DATE SIGNED
1		Charles Of	Spencer	22e ADDRESS 1198 Ken	/	serviour in

231. NAME OF CEMETERY OR CREMATORY

305 N. Potomac Street
Minnich Hagerstown, Maryland

23d LOCATION
CITY OR TOWN
Middleburg

irginia

COUNTY

was an worder of the

BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item 18 shows any

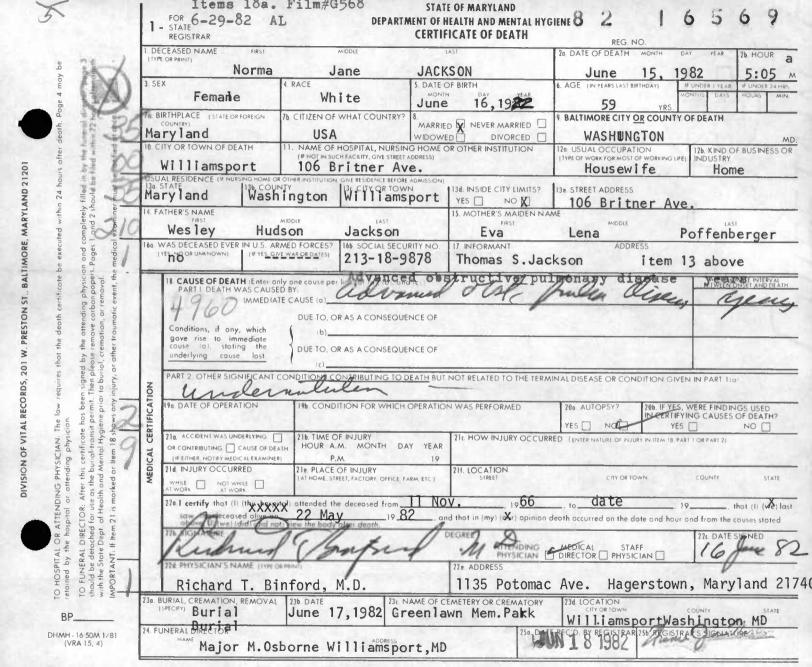
23d BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24 FUNERAL DIRECTOR NAME Gerald N.

%. DATE

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B	FOR STATE REGISTRAR
	1 DECEASED NAM (TYPE OR PRINT)

filled in by the funeral director, particles of the filed within 72 hours after in

physic

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					and the same of th					REG. N	0.			
		CEASED NAME	FIRST		AIDDLE	·	AST		2a. DATE	OF DE ATH	MONTH	DAY YEAR	2b. HOU	R
			Inna	1	1.	Jehnso	n			June	23	1982	6:40	a.M
	3 SE	х	4	RACE		5 DATE C		1010	& AGE (H	N YEARS LAST BIR	THDAY)	MONTHS DAYS	# UNDER	24 HR5
		Female	0.53	White		Nov		1905	7	6	YRS.		HOURS	MIN
9	7a. 8	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY	? 8		-	9. BALTIA	AORE CITY C		TY OF DEATH		
6	C	Marylan	a	T.S.		WIDOWE	D NEVER	NORCED	W	ashing	ten (ie.		MD.
200	10 C	ITY OR TOWN OF DEA	TH 11	. NAME OF	HOSPITAL, NURS	ING HOME C	The same of the sa		12a. USU	AL OCCUPAT	ЮN	12h KIND (OF BUSINE	
0		ascade		Penner	SVILLE	Road				sekeep		Dome 8		
Z	13R S	AL RESIDENCE (# NURS	136 COUNTY	1	134 CITY OR TO	WN	134. INSIDE C	ITY LIMITS?		ET ADDRESS				
-		Maryland	Wash:	ington	Cascad	е	YES 🗌	NO 🖫	Penn	ersvil	le Re	la (P.C.	Box 1	53)
2	14. FA	THER'S NAME FIRST	MD Ter	DLE	LAST		15. MOTHER	S MAIDEN NA/ FIRST Marv	ME	MIDDLE		Stanb	ST	
	16a V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA				ESS Pa]	Ltimore,	Mel.	
	()	YES, NO OR UNKNOWN)	(# YES, GIVE W	AR OR DATES)	216-38-	1104	Mrs. 1	Weal Ke	ller			lale Ave		7).
i	-	IS CAUSE OF DEATH	M (E-An-anl)							J/			ONSET AND	
		PARTI DEATH W	AS CALISED	RV.			colon						vear	1551
		1500	IMMEDIATE	CAUSE (o)	carci	noma	COTOIL				-		year	0
		100		DUE TO. O	R AS A CONSEO	UENCE OF								
		Conditions, if ony,		(b)										
		couse (01, statin underlying cause		DUE TO, O	R AS A CONSEQ	UENCE OF								
				(c)										
	z	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISE	ASE OR CON	DITIONG	IVEN IN PART I	101	
P'N	CERTIFICATION	19n DATE OF OPERAT	ION	19h COND	TION FOR WHIC	HOPERATIO	N WAS PERFO	PAFD	1 20n Al	JTOPSY?	20h IF Y	ES, WERE FIND	NGS LISER	
1	FIC.	The Date of Orena		110 CO.15	THO TO TO THE	OI EKII IO	TT TTAGTER	JAMED .			IN CERT	TIFYING CAUSE	S OF DEAT	H?
Ph.	ERT	21a ACCIDENT WAS UND	ERLYING	21b. TIME O	FINIURY		1214 HOW IN	VIURY OCCURE	YES E		_	YES D. PART I OR PART 2)	NO [
1		OR CONTRIBUTING	AUSE OF DEATH	HOUR A.	M. MONTH			·son: occom	(Elvien	THE OF EACH		2,7 ANT 1 9 11 ANT 2,7		
	MEDICAL	(IF EITHER, NOTIFY MEDICA		21st PLACE		19	211 LOCATI	ON		_				
	ME	WHILE TO NOT WE			IEET, FACTORY, OFFICE	E, FARM, ETC.]	STREET	011		CITY OR TO	WN	COUNTY	ST	ATE
						- o ic		00		7.1	03	0/2		
		22a I certify that (I). saw the decease		offended th	122 10	120	ad that is law	19_77	, to	erad on the d	ate and b	our and from the	that (1) (*	.,
		obove, (I) (was) (d	lid) (did not) i	view the body	ofter death	. 01		, (GEE) Opinion (deam occo	rred on the d	are and m			iea
							DEGREE	ATTENDING	MEDICA	AL STA	FF		SIGNED	
	V	Domea 22d. PHYSICIAN'S NA	10 4	March	7			PHYSICIAN &	DIRECTO	OR PHYSIC	CIAN [3/82	
1		Address of the state of the state of					22R ADDRES						7268	
		Dominge A	. Gar	cia, M.					ping (Center	Way	mesboro	Pen	na.
	23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR		CIT	CATION		COUNTY	STA	TE
		SPECIFY) Birial		6/26/	1982	Be the 1	Chure					, Freder	iek,	Md.
8	24. FI	UNERAL DIRECTOR	1.10)	ADDRESS			25a. DAT	E REC'D. B	Y REGISTRAR	INDEG!	STIP SIGNA	San San	
		Mettel	100	Elkar 1	Naynes be	ro, Pe	nna. 1	7268 JU	NZB	1985	7			
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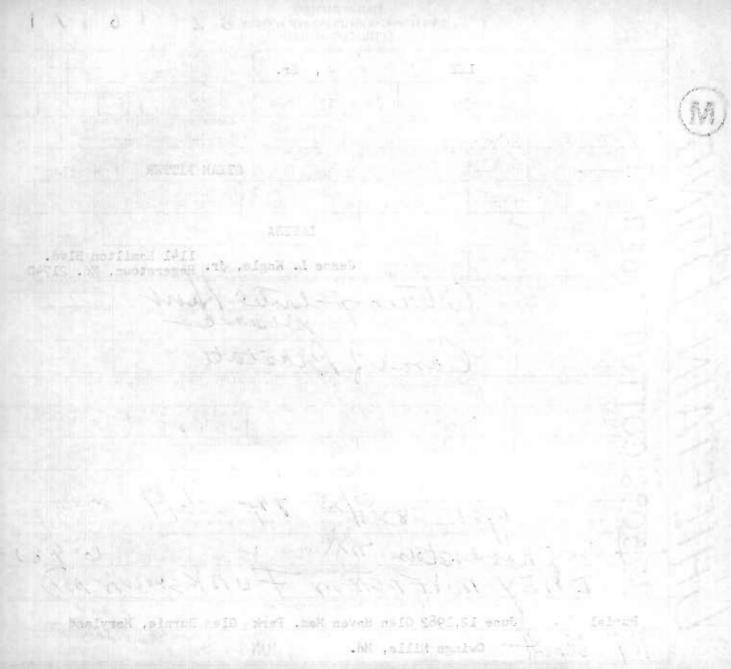
BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phe should be detached for use as the burial-transit permit. Then please remove carbon pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removents.

DHMH-16 25M (VRA 15, 4) 1/79

June 23 1952 6:00:40		งอรมโดโ	.11	Anne	
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	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLA	MENTAL HYG		eg. NO.	6 5	;	7 2	
		CEASED NAME	FIRST	1	WIDDIE	E/	151		20. DATE OF DE		DAY YE	EAR	26 HOUR	-
	(TAME	OR PRINT)	Erne	stine R	Ruhamah 1	Kefaux	rer			June 1	8, 198	12	11:20 \$	A
	3. SE	х	MI.	4 RACE		5 DATE O		YEAR	6 AGE IN YEARS		IF UNDER I		IF UNDER 24 HRS	_
-		Female		Whit		Jan.	- 0	1920	62	YR		DATS	HOURS MIN,	
13	Va. B	RTHPLACE (STATE OF COUNTRY) ST Virgin	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER A	AARRIED T	9 BALTIMORE	eton Co		(H	100	
21		ITY OR TOWN OF DEA			HOSPITAL, NURSIN	IG HOME O			17a USUAL OCC	UPATION	12b. KI	ND OF	F BUSINESS OR	
1		agerstown		Weste	rn Maryla	ind Ho	spital	Center			G LIFE) INDU:		Home	
1	13a. S	AL RESIDENCE IF NURS STATE W.Va.	Di Cour Ber	to the rinstitution. VIY Keley	13c. CITY OR TOW Martin		13d INSIDE C	ITY LIMITS?	13e STREET ADD	RESS Unkno	own			
n	JA. EA	ATHER'S NAME		MIDDLE	LAST			MAIDEN NAM		DDLE		LAST		_
11		James			Catrow			Ruhamal			-	tro	W	
3		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES?	213-18-9		J. Gle		Catrow	ADDRESS Mart	Rt # 7	rg,	W.Va.	
		18 CAUSE OF DEAT PART I. DEATH W 3 400 Conditions, if ony, gove rise to imm couse (o), stofin underlying couse PART 2 OTHER SIGN	which nediote g the lost	D BY. [E CAUSE (o) DUE TO, OI (b) DUE TO, OI (c)	Cardiore R AS A CONSEQUE Bilater: R AS A CONSEQUE Multiple	espira ENCE OF al pne ENCE OF e scle	eumonia erosis	and po	DSSIBLE		emia 3	(int	ate interval instrand of all ites Hours Years	_
2	CERTIFICATION	19a. DATE OF OPERA	TIÓN	19b. CONDI	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	ZOO AUTOPSY	? ZOB IF IN CEI	YES, WERE F RTIFYING CA YES	INDINA USES (GS USED OF DEATH?	
9		OR CONTRIBUTING (IF EITHER NOTIFY MEDII	CAUSE OF DEA	1111	M. MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	TS PART I OR PA	R1 2)	Red ex	
/	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	III I	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY OFFICE FA	ARM, ETC.)	211 LOCATION STREET	N	CIT	Y OR TOWN	COUN	TY	STATE	
		22a I certify that (I) sow the decease above, (I)(we) (C				Apri 82 . on		, 19 80 6 (our) opinion d	to Jun		19.82 hour and from		hot (1) (we) lost ouses stoted	
		226. SIGNATURE	Porci	uncu	1 0	71.0	1	TTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF PHYSICIAN	6	IATE S	3/82	
1		Fe U. Po			M. D.		22e ADDRES	weste	ern Mary Pa. Ave	., Hage				0
	24 FI	Burial, cremation, specify) Burial UNERAL DIRECTOR NAME PRAIS N.		June 2	The state of the state of	Roseda Potor		REMATORY	23d LOCATIO CITY OF TO Martin	Sburg	Berkel	lev.	W.Va.	

DHMH-16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

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o 213-18-9116 d. Clenville Ontros Marcinoparo, a.ve

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STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME	FIRST	N	NDDLE	ı	AST	20. DATE OF DEATH	NONTH D	AY YEAR	2b HOUR
	(TYPE	E OR PRINT)	Gay	Nel	lie		KELLER	June 22, 1	982		M
	3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTI		IF UNDER I YEAR	IF UNDER 24 HRS
		emale		white		Sent	04 7000	89	YRS.	ONTHS DATS	HOURS MIN.
. 1	Ta Bl	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	VHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
1	N	aryland		USA		WIDOWE		Washingto	on		MD.
	10 CI	ITY OR TOWN OF	DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO			F BUSINESS OR
70		unkstown		53 Fre	derick R	oad		school tea		INDUSTRY	
1		AL RESIDENCE IF N	13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
ú		arvland	Was.	hington	Funksto	wn	YES 🔀 NO 🗌	53 Fred	erick	Road	
100	14 FA	ATHER'S NAME		MIDDLE	LAST	THE	15 MOTHER'S MAIDEN NAM			13	
U		Llovd		MIDDLE	Koogle	9	Emma	MIDDLE		Sha	nk
		WAS DECEASED EV			16b, SOCIAL SECU		17 INFORMANT	ADDRES	S		
	(,	YES, NO OR UNKNOWN	NO (IF YES, GIV	VE WAR OR DATES)	217-10-9	9496	Lloyd Kelle	r, Hagersto	wn, 1	Md.	
		18 CAUSE OF DE	ATH (Enter or	nly one couse per	line for (a), (b), one	1(1,)				APPROXI	MATE INTERVAL
		PART I. DE ATH	H WAS CAUSE	D BY- TE CAUSE (a)	large	line	durent			144	wediate
		4140	IMMEDIA				1	16			
		Conditions, if o	iny which	DUE TO, OR	AS A CONSEQUE	NCE OF	Service He	act Die	ne	11	0 0 00
		gave rise to	immediate	(Б)	www		the fire			17	7
		underlying co		DUE TO, OR	AS A CONSEQUE	NCE OF				The state of	
	1 5	PART 2 OTHERS	IGNIEIC ANT I	CONDITIONS CO	NTRIBUTING TO D	EATH BMT	NOT RELATED TO THE TERM	IN AL DISEASE OF COND	ITIONICIVE	NI INI PART 1/2	
	NO O	Kvan	Tuna	at las	dineral	ulas	Surade.	underan	Luis		
0	ATI	190 DATE OF OPE	RATION	19b. CONDI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
7	Ę			14 68 12				YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
0	CERTIFICATION	21a. ACCIDENT WAS	UNDERLYING T	21b. TIME OF	INJURY		21c. HOW INJURY OCCURR				140
1		OR CONTRIBUTING		AIII	A. MONTH DA					CALA	
	MEDICAL	(IF EITHER NOTIFY N		P.A		19	211. LOCATION				
r	WE	WHILE NO	T WHILE		EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TOW	N	COUNTY	STATE
		AT WORK	WORK	1000			1/20/02	6/2	1	05	
	A	22a. I certify that saw the dece	eased alive an	a	15/19 1	2 : 01	nd that in ((our) opinion o	death accurred on the day	te and hour	and from the	that alls (we) last
		22b. SIGNATURE	e) (did) (did no	t) view the book	ther death.		DEGREE			100. 0478	CICNED
		1 18.	-//	100/0	16.1	60	ATTENDING	MEDICAL STAF	:	1/2	2/97
		22d. PHYSICIAN	NAME VINE	with the	Morry	41/2	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICI	AN		112
			ROMAN	/	/						

234. NAME OF CEMETERY OR CREMATORY

Rest Haven Cem.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 2

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

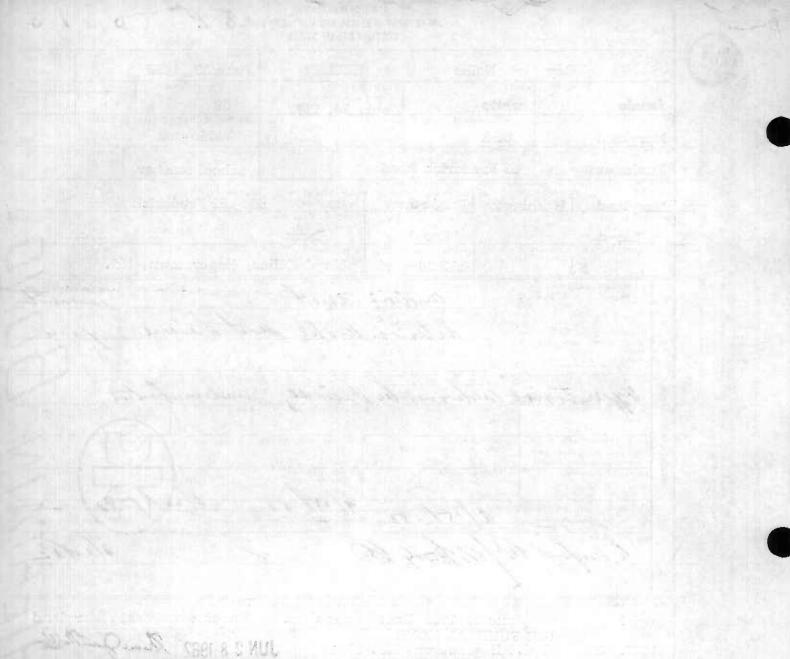
burial

June 25,1982 Rest Haven

23b. DATE

JUN 2 8 1982 ALLE GISTRAR 256 ALLE GISTRAR GIS

123d LOCATION
Hagerstown, Wash., Maryland



DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH June 2, 1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS March 22, 1919 63 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Washington 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Washington County Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY sewing machine op. dress mfg 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 347 Ridge Avenue 15 MOTHER'S MAIDEN NAME Fern MIDDLE Ramsey 17 INFORMANT ADDRESS Claude L. Kentner, Hagerstown, Md. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (our) opinian death occurred on the date and hour and from the couses stated 22c. DATE SIGNED ATTENDING_ MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY burial June 4.1982 Rest Haven Cem. Hagerstown, Wash., Maryland 24 FUNERAL DIRECTOR D BY REC STONE IN THE SHORE SHORE SHORE MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 The second of th - STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Washington County 12h. KIND OF BUSINESS OR INDUSTRY Secretary 706 Summit Avenue Forsythe Same as PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DA Rest Haven Cemetery Hagerstown Wash 24 FUNERAL DIRECTOR 305 Nano Rotomac St. Minnich Hagerstown, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

4:00

IF UNDER LYEAR

S. Storman or infort service Papels Light - Lags - Print Aller referred abstraction with the contraction of the contraction and the contraction of the c The contract of the contract o The so remain mouth .D stranger fore-co-cts webs will near moderagal areacomed movel that the limit of atom Design of Line and Line of the Common of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE ! - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) LEO LEIDIG WAYNE 1982 1:28 A. June 14. 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS April 17. Male 1916 White BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Marvland WIDOWEDXX DIVORCED [Washington County IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY Hagerstown Washington County Hospital Assn. Maintenance Highway SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Penna. Franklin 5063 Rice Hollow Road NO X Greencastle FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Jacob Leidig Nellie Cummings 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT Pa. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW II 184-12-3709 A. Leidig 13694 Grant Shook Rd. Greencastle 18 CAUSE OF DEATH (Enter only one couse per life for (o., (b), and it PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 190 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO T 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2 Ic. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from eosed of con or view the body ofter death our) opinion death accurred on the 22h SIGNATU ATTENDING MEDICAL PHYSICIAN PHYSICIAN WPORTANT 22d PHYSICH N'S NAME TYPE OR PRINT 22e ADDRES ld b 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Franklin 17. 1982 Parklawns Memorial Burial Penna. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/73 John O. Park 152 S. 2nd St. Chambersburg . Pa (VR A 15 (4))

Britis 1997 .00 ends to the that appears to a Company of the same of the sam The state of the s as the Country of the Country Country Last Anna Country Country to the Country best world out the K and alterogenests williams, the artical satisfies a dosell of the Assemble for Marie Street Will a Street A. The Feet and L. L. Marie and Marie a A THE RESIDENCE OF THE PROPERTY OF THE PROPERT atriols all all and a Industrial programme Share . To here Colon or said the conference of the said that is a said that the said the said that the said the said that the said the said that the said the said that the said that the said that the said that the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-YOUR FILES. U72 HOURS TON STREET, Kenneth DEATH MATED Levitt xJune 82 19 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 82 June Male Caucasian DEAD 1923 58 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR MARRIED A NEVER MARRIED FOREIGN COUNTRY! U.S.A. Washington Illinois WIDOWED DIVORCED ES 1, 2, AND 3 TO THE FORM 3. RETAIN PAGE 5, ND 2 SHOULD BE FILED. VITAL RECORDS, 201 W 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY U.S. Army Hancock None Military SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS W. Main St. Washington YES T NO [Maryland Hancock 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VIEW MIDDLE MIDDLE LAST LAST Levitt Flossie Boy 17. INFORMANT (wife) 169. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Brixton Lane 120 LIE YES GIVE WAR OR DATES! 333-18-1024 Ollie Jo Levitt Satellite Beach, Fl. Yes WW II APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). TATE, WRITING THE WOLL MEDICAL EXAMINER AND FORWARDED TO THE CHIEF MEDICAL EXAMINER ADDRESS TO SERVED AS A BURIAL-TRANSIT PERMIT.

HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D.

NAID 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) cardiac arrest minutes DUE TO, OR AS A CONSEQUENCE OF advanced coronory atherosclerosis Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION surgical absence left lung. cirrhosis of liver 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 26 AUTOPSY? YES THE NO [2) a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR NG . CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FTC.) STREET CITY OR TOWN COUNTY WHILE AT WORK X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Notural causes X death resulted from: Homicide Undetermined monner TITLE (SPECIFY) DATE SIGNED June 26.1982 deputy MEDICAL EXAMINER EXAMINER'S NAME Harold Tritch, M.D. ADDRESS 138 E. Antietam St. Hagerstown. 239 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Arlington National Burial June 29, Arlington Vins BP 25a. DATE REC'D. BY RECISERAR 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5) Sauers Funeral Home, Falls Church, Va. 15M 2/80

and investmental the interests of the contract Sign I was a second to the sec

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Name				6-3-1914	67 Y	. Morting Date In	OURS MIN.	DEAD		17	PN
Hancock Office of F.B. Thomas 111, M.D. Seamstress Garment USUAL RESIDENCE (IF IN NURSING SOME OR OTHER INSTITUTION, OFF RESIDENCE STORE ADMISSION) 138. CTATE 139. COUNTY Maryland Washington Hancock Mashington Hancock Mashington Hancock FEllison Roman No 15. MOTHER'S MAIDEN NAME FELLISON Roman Roman Roman 17. INFORMANT ADDRESS Penna. 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).) PARTI DEATH WAS CAUSED BY: IND 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (c).) PARTI DEATH WAS CAUSED BY: IND 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), ond (c).) PARTI DEATH WAS CAUSED BY: IND 19. CONDITIONS CONTROL INFORMANT IND 19. CONDITIONS CONTROL INFORMANT 19. CONTROL INFORMANT 19. CONDITIONS CONTROL INFORMANT 19. CON	FOR	REIGN COUNTRY)	TE OR 7		AT COUNTRY?			9. BALTIMORE	_	-2/	WD
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Maryland Washington Hancock VES NO Rt. #1 14 FATER'S NAME MODLE LAST ROMAN FEllison Roman Minnei Coonrod 16 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OWNEWNOWN) (IF YES, ONE WAR OR DATES) NO 215 18 2249 Delores Lucas Box 263 Rt. #1 Warfordsk 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sting of verymous insect (bee) #N989 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sting of verymous insect (bee) #N989 19. Canditions, if ony, which gove rise to immediate cause (a) storing the underlying couse last. (b) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF CAUSING (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ON CONDITION GIVEN IN PART I (a). 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OCCURRED (ENTER NATURE OF INJURY IN TIEM IS PART 1) OR PART 2) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OCCURRED (ENTER NATURE OF INJURY INTER IS PART 1) OR PART 2) 17a EXTERNAL CAUSE WAS UNDERLYING OCCURRED (ENTER NATURE OF INJURY INTER IS PART 1) OR PART 2) 17a EXTERNAL CAUSE WAS UNDERLYING OCCURRED (ENTER NATURE OF INJURY INTER IS PART 1) OR PART 2) 17a EXTERNAL CAUSE WAS UNDERLYING OCCURRED (ENTER NATURE OF INJURY INTER IS PART 1) OR PART 2) 17a EXTERNAL CAUSE WAS UNDERLYING OCCURRED (ENTER NATURE OF INJURY INTER IS PART 1) OR PART 2) 17a EXTERNAL CAUSE WAS UNDERLYING OCCURRED (ENTER NATURE OF INJURY INTER IS PART 1) OR PART 2) 17a EXTERNAL CAUSE WAS UNDERLYING OCCURRED (ENTER NATURE OF INJURY INTER IS PART 1) OR PART 2) 17a EXTERNAL CAUSE WAS UNDERLYING OCCURRED (ENTER NATURE OF INJURY INTER IS PART 1) OR PART 2) 17a EXTERNAL CAUSE WAS UNDERLYING OCCURRED (ENTER NATURE OF INJURY INTER IS PART 1) OR PART 2) 17a EXTERNAL CAUSE W	USUA	L RESIDENCE (IF	IN NURSING NOME OR	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	ION)				Garment	
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AT WORK AT WORK YARD AT HOME SIDELING HILL AREA WEST HANCOCK, WASH., M. 22a. I certify that I tack charge of the remains described obove, held on Autopsy . Inspection X., Inquiry . ond in my apinian						R				PART 2}	
	U	WHILE	NOT WHILE XX	STREET, FACTO	RY, FARM, ETC.)	STREET	HILL ARE	CITY OR TOWN	HANCOCK	WASH.,	STATE MD.
death resulted from: Natural causes 🔲 , Accident 🖾 , Suicide 🔲 , Hamicide 🔲 , Undetermined monner 🔲 ,	MEDIC			of the remains descr					ond in my o	pinian	
ACTUAL SIGNATURE CONTROL OF CONTROL M.D. DEPUTY MEDICAL EXAMINER SIGNED JUNE 7, 1	MEDIC				Accident X, S	ricide 🔲 , Hamicide	Undet	ermined monner			
EXAMINER'S NAME EDWARD W. DITTO, III, MD. ADDRESS HAGERSTOWN, MARYLAND	MEDIC	death resulted			Accident [X], Si	TITLE (SPE	CIFY)		DATE SIGN	JUNE 7	,1982

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medical examiner must be notified at on

FOR STATE REGISTRAR		DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8	REG. N	10.	6	5	8	4
1. DECEASED NAME	FIRST	WIDDEE	LAST	2a. DATE	OF DEATH	MONTH	DAY	YEAR	25 HC	OUR
(TYPE OR PRINT)	Managanak	Tomo	Mallanesahla	7.		300	20			

	ECEASED NAME FIRST		lone		sworth	June 5,	1982	Y YEAR	26 HOUR
3. SE	Female	4. RACE White		June		6 AGE (IN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
1	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.		MARRIED WIDOWEI	NEVER MARRIED DIVORCED	Washingt	ton Co		MD
]	Hagerstown	Washing	ton Cou	nty	Hospital	120 USUAL OCCUPATION INTERPREDE WORK FOR MOST OF HOMENAK	WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
13a M		NTY	IVE RESIDENCE BEFORE AG 3c. CITY OR TOWN Freder1	1	YES NO	13e. STREET ADDRESS 623 Bigs	zs Ave	nue,	
14. F	ATHER'S NAME FIRST	E.	Burgee		15. MOTHER'S MAIDEN NAM	MIDDLE	Dav		
16a. \	WAS DECEASED EVER IN U.S. AL (YES, NO OR UNKNOWN) IF YES, G		66. SOCIAL SECURI 212-88-7	14 NO. 1827	Ave., Fred	E. Molest erick, Mar	worth,	623	Biggs 01
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR	as a consequen	CE OF	Intre Abdom	in Catas	trople	te 1	day
CERTIFICATION	PART 2. OTHER SIGNIFICANT AS C. 190 DATE OF OPERATION	vo, ct	IF DY	talk		200 AUTOPSY?	20b. 1F YES, 1	WERE FINDIN	NGS USED
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE STETE OF DE STATE OF THE S	ATH HOUR A.M. R) P.M. 21e PLACE O	. MONTH DAY	19	21f. HOW INJURY OCCURR	1 1000	Y IN ITEM 18 PAR		STATE
	AL ITOM	ital) attended the	deceased fram		- 2 - 19 87	10 6 F	. 16	82	that (I) (we) last
	220.1 certify that (I) (this hosp saw the deceased alive a abave, (I) (we) (did) (did in 22b. SIGNATURE	ot) view the body of	ner death.		d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN DE COMMENT OF THE PHYSICIAN DE COMMENT DE COMMENT DE COMMENT DE COMMENT DE COMMENT	MEDICAL STAF	te and hour o	22c. DATE	

25a. DATE REC'D.

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BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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FOR - STATE

STATE OF MARYLAND	-	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2
CEDTIFICATE OF DEATH	-	

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L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST (TYPE OR PRINT) Thelm	na Elizabeth	MOORE	June 20, 1982	AY YEAR 26 HOUR
	female	4 RACE white	5. DATE OF BIRTH	M.	FUNDER I YEAR IF UNDER 24 HRS
Į.			August 27,1919	62 YRS	
	ri. BIRTHPLACE I STATE OR FOREIGN COUNTRY) West Virginia	USA	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	9 BALTIMORE CITY OR COUNTY Washington	
t	ID CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126, KIND OF BUSINESS OR
	Hagerstown	Washington Co	unty Hospital	tousewife	
1		NTY Hington Give RESIDENCE BEFORE NTY Hagerst	N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 115 Jonat	han Street
1	4. FATHER'S NAME John	Price	15. MOTHER'S MAIDEN NA Bertha	AME MIDDLE	Crawford
T	60 WAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS	
I	(IF YES, GI	VE WAR OR DATES)	Janice Mans	peaker, Hagerstov	vn, Md.
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO B Adult	ENCE OF DEATH BUT NOT RELATED TO THE TERM ONLY WILLIAM ONLY O	MINA DISEASE OR CONDITION GIVE	dis Creat
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
			AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
١	OR CONTRIBUTING CAUSE OF DE.	P.M. 21e PLACE OF INJURY	211. LOCATION		
١	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, F		CITY OR TOWN	COUNTY STATE
	saw the deceased olive as	ital) attended the deceased from	804 and Vat in @ (our) opinion	death occurred on the date and hour	9
	22b. SIGNATURE AULA	a Waldon	DEGREE ATTENDING PHYSICIAN	STAFF DIRECTOR PHYSICIAN	6/21/82
	22d PHYSICIAN'S NAME (TYPE OF	RON	138 EAN	tretan St Hage	ratour Hd
1	Burial, Cremation, Removal burial	June 24,1982	NAME OF CEMETERY OR CREMATORY Cedar Lawn Mem. F	Park Hagerstown	Wash.,Maryland

DHMH - 16 50M 1/81 (VRA 15, 4) 74 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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Major M. Osborne P.O. Box # 348 Williamsport .MD

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3		PAGE	WILL	IS MOW	EN	20 DATE KNOWN OF ESTI- DEATH MATED	June 299 82 a
		ale White	S. DATE OF BIRTH MONTH DAY NOV. 1,	1907 74 YRS.	ONTHS DAYS HOURS	PRONOUNCED DEAD June	MONTH DAY YEAR 3 2d HOU 3: 25 29 1982 197
35	M	EIGH COUNTRY) aryland Y OR TOWN OF DEATH	U.S.	A M	ARRIED NEVER MARRI	Washingt	COUNTY ME EOF WORK 128. KIND OF BUSINESS OR INDUSTRY
9	Н	agerstown	58 Wes	t Antietam Street Address t Antietam Street Antietam Street Antietam Street Antietam Street Admission)		FOR MOST OF WORKING LIFE) Farmer	Retired Retired
	3a. S1	aryland Wa	ashington	Hagerstown	YES X NO	58 West Antie	tam Street
		THER'S NAME FIRST Samuel	MIDDLE A.	Mowen	15. MOTHER'S MAIDE FIRST Mahala	MIDDLE	Shives
	6a W	AS DECEASED EVER IN U.S S.NO. OR UNKNOWN) (IF YES	ARMED FORCES?	220-30-9166	Thomas H.	Mowen 58 Wes	t Antietam Street
		PART I DEATH WAS CA	Chich diote (b)	Cardiomyopa R AS A CONSEQUENCE OF	thy (425)		BETWEEN ONSET AND DEATH Sudden
			((c)				
	NO			N BUT NOT RELATED TO THE TERMINAL OF	SEASE OR CONDITION GIVEN IN PAI	(T 1 (a).	
	TIFICATION	PART 2 OTHER SIGNIFICANT CONDI Fatty Li 19a DATE OF OPERATION	ver	BUT NOT RELATED TO THE TERMINAL OF		(T 1 (o).	20. AUTOPSY? YES ▼ NO □
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		Fatty Li 19a DATE OF OPERATION 21a. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING ON CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I took of death resulted from: ACTUAL SIGNATURE	S 21b. TIME O HOUR A.M OF DEATH P.M 21e. PLACE STREET, FAC	OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY (ATHOME, 211 CTORY, FARM, ETC.)	N WAS PERFORMED? C HOW INJURY OCCURRE LOCATION STREET Property Homicide TITLE (SPECIFY) M.D. Deputy ADDRESS 580	CITY OR TOWN	YES NO PART 1 OR PART 2) COUNTY STATE and in my opinion DATE: SIGNED 6/30/82

STATE OF MARTLAND

2 6 LOCAL AND COMPANIES CO di list mesonis Tors. 1,2 of 7K - 1 Tors. 1,2 of 10 Tors. the same they allow the same to be a second to be a second to the same to be a second to the same to be a second to be a second to the same to be same to be a second to be a second to be a second to be a second desident of the second of the Sav ta FORCE AND LIVER FOR THE COUNTY OF THE COUNTY FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	REGISTRAR			CUNTII	ICAIL OI	DEATH	REG.	NO.		
	CEASED NAME	FIRST	WIDDLE	1	AST		20 DATE OF DEATH	німом	DAY YEAR	26 HOUR
		Joseph	Emmet			r.	June		1982	9570M
3. SE		4.	RACE	5. DATE C		YEAR	AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN
	Male		White		17-02		79	YRS		
To. B	IRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT	COUNTRY? 8	NEVER	MARRIED 1	9. BALTIMORE CITY	OR COUN	TY OF DEATH	
		MD	USA	WIDOWE		NORCED	Washi		n Count	MD.
10 C	ITY OR TOWN OF	DEATH		AL, NURSING HOME O	OR OTHER INS		(TYPE OF WORK FOR MOS		126. KIND C	OF BUSINESS OR
	gerstow			n County	Hospi					
130.	STATE	1136 COUNT		TY OR TOWN	13d. INSIDE	TTY LIMITS?	13e. STREET ADDRES	5		
2	MD	Wash		gerstwon	YES T	NO 🗆	25½ Laur		t. Hag.	. MD
14. F.	ATHER'S NAME	***	DDLE	LAST	15. MOTHER	S MAIDEN NAME				
1	Joseph			urrav	W	ilhelm:	ia "Hur	dle	Muri	
	WAS DECEASED EV		ED FORCES? 16b. SC	CIAL SECURITY NO.	17. INFORM			RESS		
	NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES) 70	5-05-1734	Mari	e W. Mu	urray S	same a		
	18 CAUSE OF DE	ATH (Enter only I WAS CAUSED	one cause per lint for	(a) (b), and (1)	. 0	11.1	1		BETWEEN	ONSET AND DEATH
	PARTI. DEATH	IMMEDIATE		118 HUM	mapp	of little	NOLLIN			
	410	0	DUE TO, OR AVA	CONTENTENCE OF	1.	20 /1	+0	1000		
	Conditions, if o		((b) C	7/23/07	UNAY	16 /15	7/1/	7297	0	
	gave rise to i		DUE TO OR AS A	CONSEQUENCE OF						
	underlying car	use last.	(6)	CONSEQUENCE OF					1000	
	PART 2 OTHER SI	IGNIFICANT CO	NDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATE	TO THE TERMIN	AL DISEASE OR CO	NDITION G	IVEN IN PART 1	0
CERTIFICATION										
CAT	190 DATE OF OPE	RATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		ES, WERE FINDI	
Ĭ	02						YES TO NOTE	/ 1	TIFYING CAUSES YES 🗍	NO I
T W	218. ACCIDENT WAS	Lange I	216. TIME OF INJUI		21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF IN			
	OR CONTRIBUTING		HOUR A.M. M	ONTH DAY YEAR	10					
MEDICAL	21d INJURY OCCU		21e. PLACE OF INJU	JRY	21f. LOCATI					
¥.	WHILE NOT	WHILE		ORY, OFFICE, FARM, ETC.)	STREE		CITY OR	TOWN	COUNTY	STATE
		/I) (this basaital) ottended the deced	wad from the	1	10 71	6-9	4	10 6/	ab a 10 / 34
		ased alive an	Districted the deced	1477	d that in (my	(our) opinion de	enth occurred on the	date and hi		that (I) (we) last
	abave), (1) (ye) (did) (did nat)	view the body after di	egth		(457) opinion de	o occorred on the	dole old lit		
	11/1/1	1.	11 111a		DEGREE	ATTENDING	MEDICAL ST	AFF	22c. DATE	D CA
-	11/1	Mid	M per			PHYSICIAN D	DIRECTOR PHYS	ICIAN 🗌	614	80
	214 PHYSICIAN'S	NAME HYPE OR B	AND 12 M	his)	7 62/	boln!	c/waland.	Dec	uls bette	41
23a	8URIAL, CREMATIO	N. REMOVAL	23b. DATE	23c NAME OF C	EMETERY OF	CREMATORY	123d LOCATION	7	r. 600,	19
	Burial	,	6/29/82			Cemeter	CITY OR TOWN	1	Work	MT
24 F	UNERAL DIRECTOR	160		lyania Av			REC'D. BY REGISTRA	RISSECTION	Wash.	Nue Den
1000	NAME	100				LILIN	3 0 1982	had	wy	-
Ke	st Have	ir rune.	rar cuap	el, Hag.,	LII		0 0 1000			

DHMH-16 30M 2/80 (VRA 15, 4)

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Ander Leven runena Jake Cemetery 4-. (25.5).

Con Perception Former Care Former Former

Smithsburg, Md.

Home

Funeral

FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0 0 0 0 · Hereton, General My grown and I would Carrie

Mae

Boonsboro, Md. 21713

- STATE

(TYPE OR PRINT)

REGISTRAR 1. DECEASED NAME

> June 15, 1982 5:30A 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Washington 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE Own Home 130. STREET ADDRESS Dorothy Elizabeth Hopkins ADDRESS 8928 Mt. Tabor Rd. Mrs. Dorothy C. Keller, Middletown, Md. Lan 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OB PART 2) CITY OF TOWN COUNTY STATE and that in the course stated on the date and hour and from the causes stated 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Boonsboro, Maryland 21713 Boonsboro, Wash. Co., Md.

20. DATE OF DEATH MONTH

7b HOUR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

John H. Bast, Jr.

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	Alebaha 8928 Waller Midde			Lao	
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July 1, 322 Corwood Men. Perk Jeles,

Mest Heven Purprel Chapel, Tac., Ray., Mil.

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15M 2/80

STATE OF MARYLAND

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

REGISTRAR

- STATE

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	1. DECEA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10		
Ī		CEASED NAME OR PRINT) J	ohn		on Alande	n P	ETERS	20 DATE OF DEATH	month DA	72.	26 6:45
1	SE>	male		4 RACE whi	te	5. DATE O	ust 15, 1925	6 AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
5	M	RTHPLACE (STATE OR OUNTRY) aryland TY OR TOWN OF DE		U.S.A		WIDOWE	D NEVER MARRIED DED DIVORCED DO OTHER INSTITUTION	9 BALTIMORE CITY O	ashin gt	on	MD. F BUSINESS OR
7	_	agerstown		Washi	ngton Co	unty		presser		laund	
5	M	aryland	136 COUN	ington	Hagersto	V	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	32 East W	ashing	ton St	reet
		William		MIDDLE .	Peters		Sara	E . MIDDLE		LAST	
1		(AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	Mr. Charles	Paul, Hag		ı, Mar	yland
		18 CAUSE OF DEAT PART I. DEATH W		ly one couse per D BY. E CAUSE (o)	Ine for (o), (b), and	REST				APPROXIA BETWEEN O	MATE INTERVAL DINSET AND DEATH
		Conditions, if ony, gove rise to imm	nediote	(b) P	R AS A CONSEQUE ULMONARY	EMBOL	.1		16	3 нои	IRS
3		underlying couse	last.	(c) C		HEAR	NOT RELATED TO THE TERM	DAN DISCASS OF SO			WEEKS
	ATION	19a DATE OF OPERA	100				N WAS PERFORMED				
1	CERTIFICATION		The state of			DPERATIO		200 AUTOPSY? YES NO	IN CERTIFYII	WERE FINDIN NG CAUSES (OF DEATH?
20	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DE A		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PARI	I OR PART 2}	
	_	WHILE NOT WE AT WORK	RK		EET, FACTORY, OFFICE, FA	RM ETC)	ZII LOCATION	CITY OR TO)WN	COUNTY	STATE
		22a.1 certify that (1) sow the decease abave, (1) (XX (c	KKXXXXX	JUNE 2	deceosed from	82 . or	nd that in (my) (X) opinion a	to JUNE 2	. 19		hot (I) XX lost
		226. SIGNATURE	0:	v. Dir	for a	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [JUNE	28, 1982
		EDWARD V			, M.D.		226 ADDRESS 217	WEST WASHI	NGTON S	TREET	
2		URIAL, CREMATION,	REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE

DHMH-16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, th should be detached for use as the burial-transit permit. Then please remaye carban page with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayal.

cremation June 26,82 Smithsburg Crematory Smithsburg, Wash., Maryland

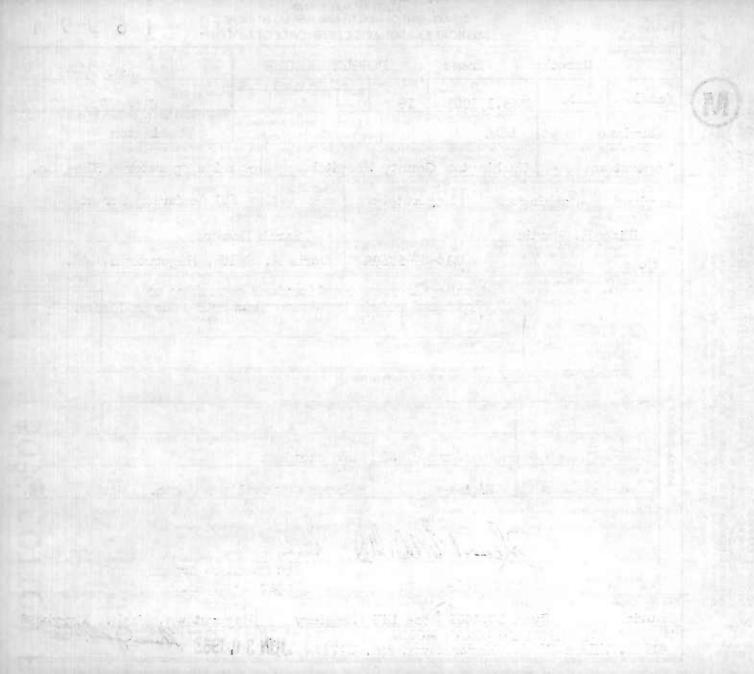
14 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E.Wilson Blvd., Hagerstown, Maryland 21740 JUN 3 0 1982

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1	FOR		DEP	ARTMENT OF	HEALTH	AND MENTAL	HYGIENE	1)	1	6	E 0	A
0	STATE REGISTRAR		MEDIC	CAL EXAMIN	IER'S C	ERTIFICATE C	OF DEXT		REG. NO		3 7	~1
	ECEASED NAME PE OR PRINT)	Dorothy	Iren	e I		AST ENBERGER	20	01	NOWN E		27 1-82	6:15 6 A
3. SE	The second second second	7 · 4 M	Teb. 1, 190	YEAR 6. AGE (IN YE LAST BIRTHO	AY) MONTH	DER 1 YR. IF UNDER		C. DATE RONOUNG DEAD		MONTH une 2	DAY YEA	6 • 1 5
3 70.1	BIRTHPLACE (STATE COREIGN COUNTRY) Maryland	OR 7b.	USA		8. MARRIE	D NEVER MARR	RIED L			R COUNT	Y OF DEATH	MD
10.0	lagerstown		NAME OF HOSPITA (IF NOT IN SUCH FACILITY Washingto	GIVE STREET ADDRESS)	E, OR OTHE	RINSTITUTION	120. USUA FOR MO	L OCCUPA		OF WORK	Shoe	BUSINESS
USU 13ø.	AL RESIDENCE (# IN STATE Lryland	NURSING HOME OR OTH 13b. COUNTY Washing	HER INSTITUTION, GIVE RES	C. CITY OR TOWN	(NO)	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREE	T ADDRES				
	ATHER'S NAME FIRST William	B. Hartl	odle e	LAST		15. MOTHER'S MAID FIRST Sara	h Bow		DOLE	1.6	LAST	
160.	WAS DECEASED EV YES, NO, OR UNKNOWN} NO	ER IN U.S. ARMED	FORCES? OR DATES)	b. SOCIAL SECURIT 14-09-506	9A	Doris R.					, Md.	
7	S199 Canditions, i	f any, which a immediate ing the under-	DUE TO, OR AS	(a), (b), and (c).) LOPULMONA CONSEQUENCE	yis r	mplicatio esulting	ns sec from a	conda: auto-	ry to auto	colli	BETWEEN ON	ATE INTERVAL SET AND DEATH
NO	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	IINAL DISEASE	OR CONDITION GIVEN IN PA	ABT 1 (a).					
CERTIFICATION	190. DATE OF OPE	RATION	19b. CONDITION	FOR WHICH OPER	ATION WA	S PERFORMED?					20 AUTOPS	
CALCER	210 EXTERNAL CA	OR CAUSE OF DEAT	гн 2:00 р.м. J	une 6 1982	Aut	w INJURY OCCURRI o acciden		TURE OF INJU	RY IN ITEM 18 P	PART 1 OR PAR	RT 2)	
MEDICAL	21d. INJURY OCCI WHILE NO AT WORK AT	URRED OT WHILE WORK	21e PLACE OF IN STREET, FACTORY, Highw			ation ween Down		CITY OR TOW		Wa	sh.	Md.
	220. I certify th death resulted fr ACTUAL SIGNATURE		the remains describe	ed abave, held an	Autops	Homicide	Undetern 	Inquiry	nner,	d in my ap DATE SIGNE	onion 6/28/8	32
X	EXAMINER'S NAM (TYPE OR PRINT)	Howar	d N. Week			DDRESS Hage		, Md				
	BURIAL, CREMATION (SPECIFY) Burial FUNERAL DIRECTOR	Jur	ne 30.1982	Rose Hi		metery	23d. LOC CITY OR Hage REC'D. BY R	ersto	THE RESERVE	CYD AD B.C.	Mary	land
	FUNERAL DIRECTOR	lson Blvo	d., Hager	stown, M	ld. 2	88.61		1982	Then	ug	- Trans	

STATE OF MARYLAND



FUNERAL

BP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH MONTH DECEASED NAME 2h HOUR THRE CHEMING Nellie Viola REED June 17, 1982 3.563 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR female white August 4, 1920 BIRTHPLACE HATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDS PARTALED WORKED USA Maryland Washington ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFET Washington County Hospital housewife Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 69 E. Antietam Street 13d INSIDE CITY LIMITS? Hagerstown Maryland Washington YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Sallie Reed Albert C. Mills 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 220-16-0659 William A. Crilly, Big Pool, Md. 21711 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O Conditions, if any, which gave rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19n DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NOF 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a 1 certify that (1) (this haspital) gended the deceased from

sow the deceosed olive on and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING -18-5-5 PHYSICIAN

22d PHYSICIAN'S NAME LIVE OF PRINT 22e ADDRESS Eric M. Wagshal, W.D.

1826 Howell Road, Hagerstown, MD 21740

IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Clear Spring, Wash. Maryland June 19,1982 Park Head Cemetery burial

24 FUNERAL DIRECTMINNICH FUNERAL HOME DHMH - 16 50M 1/B) (VRA 15, 4) 415 E. Wilson Blvd., Hagerstown, Md. 21740

	fathers were		
Total Said , Said 18			
	Desky House Historically Shi American Sayo II	Verse Lebens	
	Darly Frank Halls worth	Verse Lebens	
	Dark Park Askaranak Uk Alamana arakaya L Tanana arakakan Dar		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2ª DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTI ONALd RICE 4 RACE 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) MAL WHITE 29 1936 MARCH TO BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WASTINGTON WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Chambersburg YES [NO K Swanson IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT AIF YES GIVE WAR OR DATEST 036-26-2882 ORear APPROXIMATE INTERVAL BEJ WEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate couse (a), stating underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 io CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED ö 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY orked AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CYPEET STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. _, that (I) (we) lost

DEGREE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

13630 Molly

ATTENDING

PHYSICIAN

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STAFF

MEDICAL

22c. DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

FUNER old be

MPORT

Barua NERAL DIRECTOR SReen Castle

saw the deceased alive on_

22b. SIGNATURE

PASCUAL

230 BURIAL, CREMATION, REMOVAL

above, (1) (we) (did) (did nat) view the body after death.

All the purchase to the All the second bedge and A ANTENNIA - PINT The star for AC - started the start of the start T City and March March Profes the second transfer of the second of the sec when the state of the same of the same of the same

Burgee Funeral Home 3631 Falls Road 21211

STATE OF MARYLAND

FOR

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Sar-lane Magnington Booksboro and Min. I Box 187 25 Tenna Me. State 20-11/15 Mer. Paul Cert. dr. Scoreb ed. 28. 28 Mg Bertall 6- 11-d2 Benevola Cenetary Sevenuls, can. Co., MS. Figure 3. Sec. in. Sconsbaro, Ust. 21 mg.

STATE OF MARYLAND

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1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 6 5 0 0 CERTIFICATE OF DEATH REG. NO. MIDDLE LAST T20. DATE OF DEATH MONTH DAY YEAR T25. HOUR						
	PECEASED NAME FIRST	Mae	S/Ag/e	20. DATE OF DEATH MONTH DAY	-82 9.1			
The same of the sa	Female	White	Feb. 9,1906		UNDER 1 YEAR IF UNDER 24 HRS. NTHS. DAYS HOURS MIN. 3			
E 35 M	laryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Maghington Co				
I WOF	unkstown	11. NAME OF HOSPITAL, NURSIN THE NOT IN SUCH FACILITY, GIVE STREET Ravenwood Lu	theran Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	17b. KIND OF BUSINESS OR INDUSTRY			
M N			ry 13d INSIDE CITY LIMITS?	2215 Flag Mar	sh Rd.			
O S C Julian	John Ma	uris Hess	15 MOTHER'S MAIDEN N	Mae	Grimm			
Poges 1	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 217-50-	RITYNO. 17 INFORMANT 1616 Elizabeth	H. Hill, 16070	lbine. Md. A.E.Mullin			
emayol.	PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), one DBY: E CAUSE (o) Cardia			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
of the orienting of the troumatic e	Conditions, if ony, which	DUE TO OR AS A CONSEQUE		10 Voscular Direc	u Yeon			
leose remo	gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF Belowing Bens	-0:202	Years			
2 2 2		ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN	IN PART IIO			
onsit permit. The Hygiene prior to B shows ony injurt of B CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?			
			Y YEAR 19	IRRED (ENTER NATURE OF INJURY IN ITEM 18. PART	TORPART 2)			
d Mental	21d INJURY OCCURRED	210 PLACE OF INJURY	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			

NOT WHILE June 19 82 22a I certify that (I) (this hospital) attenued deceased from, , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on.

DEGREE

6-8-1982

236. DATE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e. ADDRESS

138 E

Mt. Olivet

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Frederick Md.

220 DATE SIGNED

COUNTY

6-7-82

Charles W.Burrier, Jr., Sykesville, Md.

obove, (1) (we) (did) (did not) view the

226. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

Burial

BY REGISTRAR 256 REGISTRAR'S SIGNATURES CO

BP.

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1.36 , 365 (A)	X = Adamage	L -nothalia	banium
relan	-0.5]		Pinnol
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Late to the same	tors are small		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 13

6	6	0	2

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
I DECEASED NAME FIRS (TYPE OR PRINT) Alton		SNYDER	June 15, 1982	AY YEAR	26 HOUR 7, 30 PM
3 SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
male	white	October 12, 1920	61 yrs M	ONTHS DAYS	HOURS MIN
Pennsylvania			BALTIMORE CITY OR COUNTY Washington	OF DEATH	MD
Hagerstown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Washington Cou		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE truck driver		F BUSINESS OR

Hagerstown Washington County Hospital

Washington

13d. INSIDE CITY LIMITS? Hagerstown NO X

15. MOTHER'S MAIDEN NAME

108 Roessner Avenue

LAST

4 FATHER'S NAME Hubert Snyder

Maryland

Helen L. McSherry

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSCOUENCE OF Canditians, if ony, which gave rise to immediate couse (a), storing the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NOT YES NOT YES NOT THE TERMINAL CONTRIBUTING CAUSES OF DEATH? YES NOT YES NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 191 DATE OF OPERATION 192 CONDITION FOR WHICH OPERATION WAS PERFORMED 203 AUTOPSY? YES NOT YES NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 195 CONDITION FOR WHICH OPERATION WAS PERFORMED YES NOT YES NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 197 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 199 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 199 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN IN PART 1(a) 190 NOT THE TERMINAL DISEASE OR CONDITION GUVEN I	PART I. DEATH WAS CAUSED BY. LIMBOUR CAUSE (a) DUE TO, OR AS A CONSCOUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	suction		PROXIMATE INTERVAL VEEN ONSET AND DEAT / 1.hm
Nove 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE-FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO			
		206 AUTOPSY?	206. IF YES, WERE TO	NDINGS USED USES OF DEATH?

21d INJURY OCCURRED

(AT HOME STREET, FASTORY, OFFICE FARM, ETC.) attended the deceased fram

211 LOCATION

CITY OR TOWN

COUNTY STATE

Greenlawn Mem. Park

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

231 NAME OF CEMETERY OR CREMATORY

DEGREE

(our) opinion death occurred on the date and hour and from the causes stated

Williamsport, Wash Maryland

24 FUNERAL DIRECTORMINNICH FUNERAL HOME

burial

415 E. Wilson Blvd., Hagerstown, Md. 21740

June 18, 1982

DHMH - 16 50M 1/B1 (VRA 15, 4)

the burial-transit and Mental Hygie marked or Item 18

MPORTANT: If Item

C C C ME. P. Walt The Manual P. Marine 100 M 201 1987 M. C. C. C.

FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYC ERTIFICATE OF DEATH	GIENE 8 2 1	6603
OR PRINT) Olive	May	Snyder	June 26, 19	82 26 HOUR 6:30p
Female	white	DATE OF BIRTH 5- 23 - 1896	86 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS
RTHPLACE (STATE OR FOREIGN :OUNTRY) Hagerstown,	U.S.A.	MARRIED NEVER MARRIED DIVORCED DI	Washington	
ty or town of DEATH	Ravwnwood Luth		126 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE Housewife	17b. KIND OF BUSINESS OR INDUSTRY Own Home
AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	other institution give residence before additional shington Keedys	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 4. South Main	Keedysville
	NMN Stockslag	15. MOTHER'S MAIDEN NA FIRST Mary		Winter
VAS DECEASED EVER IN U.S. AR/ ES NOOR UNKNOWN) (IF YES, GIVI	MED FORCES? 162 90 141 10 12 19 14 16 12 19 16 16 16 16 16 16 16 16 16 16 16 16 16		Luthern Villa	ge
	DUE TO, OR AS A CONSEQUENC	sclerotic Card	ure iovascular Dis	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH 1 week ease 10 yrs.
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEA			N IN PART IIa WERE FINDINGS USED
710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121. HOW INTERVOCCUE	YES NOW YES	ING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT ORPART 7)
21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a. I certify that X (this haspit saw the deceased alive an above, (j) (we) (did) (did not 22b, SIGN of RE	19	DEGREE ATTENDING	to 6-26- 1 death occurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	9.82 , that (lost ond from the couses stated 72c. DATE SIGNED 6-28-82

in by the should be filed pud Pages physicia ath to bur prior be and Mental Hygie m 18 or her If Hem 21 is should be detached MPORTANT:

BP. DHMH - 16 50M 1/B1

0

Burial 24 FUNERAL DIRECTOR (VRA 15, 4) John H. Bast, Jr.

(SPECIFY)

FOR - STATE REGISTRAR 1. DECEASED NAME LIVPE OR PRINTS

To BIRTHPLACE (STATE OR FOREIGN

Hagerstown

(YES NOOR UNKNOWN)

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL CREMATION REMOVAL

3. SEX

Md STATE 4 FATHER'S NAME

No

CERTIFICATION

MEDICAL

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Charles F. Hess. M.D.

23h DATE

6-29-82

Boonsboro, Md. 21713

22e ADDRESS

Boonsboro Cemetery

231 NAME OF CEMETERY OR CREMATORY

P.O. Box 248

Boonsboro, Wash. Co., Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIG

Smithsburg.

23d LOCATION

Fig. SSC125 erro			VER.	gy	-15
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	militis arcell				
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er ot sames to value and		o Company test			

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE

DHMH - 16 50M 1/81 (VRA 15.4)

BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTR' Home W. Spangler-State Line APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (ply) (our) opinion death occurred on the date and hour and from the causes stated 22c, DATE SIGNED ATTENDING MEDICAL STAFF LOW - TRADON DALL HARROTOLIA 179 Barria Church

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

2b HOUR

2:20

IF UNDER 74 HRS HOURS

COCOTHE STURM Final Strategy of the remaining the strategy of the strategy o Wages town Was h Continued State Plans America State Line x Po Box years The Control of the Co The said with the street down to the Admit the Said to the Said AND AND MALE STATE OF THE STATE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

		REGISTRAR				CERTII	FICATE OF DEATH	REG. NO.		
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
			Lottie		Mae	SP	ESSARD	June 3, 19	32	M
	3. SE			4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
		fema	ale	whit	te	Jan.	29, DAY 1891 YEAR	91 yrs	MONTHS DATS	HOURS MIN.
10	70 BI	RTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D	9. BALTIMORE CITY OR COUN		
2	1	Maryland			J.S.A	WIDOW		Washingt		MD.
	На	ity or town of	n	Colton	Villa Nu	rsing	Center INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSekeeper		OF BUSINESS OR
5	130. 5	Md.	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE BY CITY OR TOW SMITHS DU		13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 22 W. Water		
13	14 FA	ATHER'S NAME		MIDDLE	LAST	31	15. MOTHER'S MAIDEN NAM	ME	1977	
6		David		R.	Spessar	1	Barbara	WIDDLE	Vale	ntine
1		VAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
		no	(IF TES, GIV	E WAR ON DATES!	279-30-0	608	Esther E. Si	pessard Hagers	town, Md.	
	7	Conditions, if gove rise to cause (o), s underlying country of the part 2 Styles	ony, which immediate toting the ouse last.	DUE TO, OI (c) (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	inal disease or condition c		UMAJE INJERVAL ONSET AND DEATH
	ō	JAN	nung	4	11/18/18	U .				
2	CERTIFICATION	19a DATE OF OP		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO IN CER	'ES, WERE FINDIN TIFYING CAUSES YES [NGS USED S OF DEATH?
1		210. ACCIDENT WAS		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN LIEM 1	8 PART I OR PART 2)	
7	CAL		MEDICAL EXAMINER	171		19	J. J. S. J. II			
	MEDICAL	21d. INJURY OCC	URRED	21e PLACE	OF INJURY		21f. LOCATION	CITY OR TOWN	COUNTY	STATE
	2	AT WORK A	T WHILE TWORK	(A) HOME SIK	EET, PACTORY OFFICE, FA	1. L	100	1	63	STATE
		220.1 certify tho	t (I) (this hospit	ol) Stended the	decesed from	101	1967	10/1000 2	1906	that (1) (we) last
		saw the dec	round alive on	View the body	afferdenth 19	. 01	nd that in (my) (aur) apinion o	death occurred on the date and h	our and from the	causes stated
		27b. SIGNAUN	Nac	Lyoby	me		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	220 DATE	SIGNED
1		22d. PHYSIC LAND	SNAME ITHE	Tolder	· hA		22e ADDRESS	a abulelant	too who	12/1:

230 BURIAL, CREMATION, REMOVAL 23b. DATE

Entombment

230 NAME OF CEMETERY OR CREMATORY 6,1982 Smithsburg Mausoleu Smithsburg, Wash, Md.

June Funeral Smithsburg, Md. Home

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 stra

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STATE OF MARYLAND	in	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	
CERTIFICATE OF DEATH		

2	6	6	0	7
BD 49	•	•		•

	1.	FOR STATE REGISTRAR				EALTH AND MENTAL HYGI	REG. N		6 6	0 .	/
4		CEASED NAME FIRST Leslie	-)mar	S	SPICKLER	June 21,		DAY YEAR	26 HOUF	R
	3. SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	# UNDER 3	
		male	white			ember 19, 190	8 73	YRS.	NONTHS DATS	HOURS	MIN.
1	00	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF US.	MHAT COUNTRY?	8. MARRIE WIDOWE	DEVER MARRIED DIVORCED	9 BALTIMORE CITY O Wash	R COUNTY			MD
7		gerstown	I IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET A	ADDRESS)	Hospital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O plastere	F WORKING LIFE	126 KIND O INDUSTRY	F BUSINES	SSOR
6	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13% COUN aryland Wash	VIY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Hagersto	N	13d. INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRESS. Route 2	, Box	5		
17	14 FA	ATHER'S NAME FIRST Alvey	WIDDLE	Spickler		15 MOTHER'S MAIDEN NAM	WE		Angle	.1	
T		WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE				
1		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	219-05-05	559A	Catherine	E. Spickler	, Hag	gerstow	n, M	ld.
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((b)	- Annahir and Anna	ocle NCE OF	neam	inal disease or con	DITION GIVE	Jen Jen EN IN PART 110	gen.	2)
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED.	200 AUTOPSY?		, WERE FINDIN YING CAUSES		H?
1	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) P.,	m. month da m.	Y YEAR	21¢ HOW INJURY OCCURR					1
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STR	OF INJURY REET FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	51	TATE
		22a.I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE Wassapel	B.	19		PHYSICIAN P	, ta, ta	ate and hour			
		22d. PHYSICIAN'S NAME (TYPE OF		ZABEA		363.5. Cle	weland o	tue.	Hag.	ms	
İ		BURIAL, CREMATION, REMOVAL (SPECIFY) rial	June 2	23,1982 C	ame of c	Lawn Mem.Pa	23d. LOCATION ark Hager	stown	,₩ash.	,Mar	ŷlan

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Hem 21 is

MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

Hagerstown, Wash., Maryland

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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-		-			-	-

REGISTRAR		CL	RITHICATE OF DEATH	REG.	NO		
	RST A	MIDDLE	LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT) Laura	Cathe	erine S	PRECHER	June 22,	1982		10:40ax
3. SEX	4 RACE	5. D	ATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
female	white	N	farch 16. 1896	86	YRS	MONTHS BATS	HOURS MIN
BIRTHPLACE (STATE OR FOREIG	GN 76 CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY		Y OF DEATH	
Maryland	USA		ARRIED NEVER MARRIED DOWED DIVORCED	Was	hingto	n	ME
10. CITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSING HO	OME OF OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
Hagerstown	Route			housewit		IFE) INDUSTRY	
	COUNTY	13c. CITY OR TOWN	1 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	3 7	110	
Maryland W	ashington	Hagerstown			e 2, E	ox 113	
FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE		U	51
John McC				ouise Coch			
160 WAS DECEASED EVER IN U	YES GIVE WAR OR DATES)	166 SOCIAL SECURITY I			RESS		
No		217-09-9642	D Mrs. Imogen	e Coy, Rt.	. @, Ha	gerstov	vn, Md.
18 CAUSE OF DEATH (Er	nter only one cause per	line for (a). (b) and (c)				APPRO	XIMATE INTERVAL
Conditions, if any, whi	ich (b)	R AS A CONSEQUENCE	the breast with	ng	5.40_		nths
Conditions, if ony, whi gove rise to immedic cause (a, storing t underlying cause lo	DUE TO, OR the DUE TO, OR DUE TO, OR (c)	R AS A CONSEQUENCE	OF				
Conditions, if ony, whis gove rise to immedia cause to storing to underlying cause to PART 2 OTHER SIGNIFIC	DUE TO, OR the DUE TO, OR DUE TO, OR (c)	R AS A CONSEQUENCE	OF				
Conditions, if ony, whis gove rise to immedia cause to storing to underlying cause to PART 2 OTHER SIGNIFIC	DUE TO, OR tich offe (b) oth the sst (c) ANT CONDITIONS CO	R AS A CONSEQUENCE	OF	NINAL DISEASE OR CO	NDITION GI	VEN IN PART 1	NGS USED S OF DEATH?
Conditions, if ony, whi gove rise to immedia cause to storing to underlying cause to PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING.	DUE TO, OR ich ofe the post (c) ANT CONDITIONS CC 1 19b. CONDITIONS (c) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	R AS A CONSEQUENCE THE PROPERTY OF THE PROPER	OF BUT NOT RELATED TO THE TERM ATION WAS PERFORMED Z16 HOW INJURY OCCURI	200 AUTOPSY? YES [] NOT	NDITION GI	VEN IN PART 1	NGS USED
Conditions, if ony, whi gove rise to immedia cause to storing tunderlying cause to part 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR ich ofe the DUE TO, OR Cost (c) ANT CONDITIONS CC I 19b. CONDITIONS OF DEATH CAMINER) 21b. TIME OF HOUR A.A. 21c. PLACE C	R AS A CONSEQUENCE PASS A CONSEQUENCE THORETON FOR WHICH OPER FINJURY M. MONTH DAY Y	OF 1 BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 216 HOW INJURY OCCUR!	200 AUTOPSY? YES [] NOT	206 IF YE IN CERTI	VEN IN PART 1	NGS USED S OF DEATH?
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Conditions, if ony, whis gove rise to immedia cause in storing tunderlying cause in underlying cause in part 2 OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE (IF EITHER NOTHEY MEDICAL EX 21d INJURY OCCURRED AT WORK AT WORK AT WORK 220. 1 certify that (I) (this sow the deceased of above, (I) (the control of the control of t	DUE TO, OR ich ote the DUE TO, OR ich ote the DUE TO, OR ich OF DEATH CONDITIONS CO 21b. TIME OF HOUR A.A AMINER) 21e PLACE C (AT HOME. STRE Troppied) attended the ive on 6/22/8	R AS A CONSEQUENCE R AS A CONSEQUENCE TION FOR WHICH OPER FINJURY M. MONTH DAY Y A. JET, FACTORY, OFFICE FARM, ET	OF BUT NOT RELATED TO THE TERM ATION WAS PERFORMED ZIG HOW INJURY OCCURI 19 ZIG LOCATION STREET 21/69 , 19 Ond that in (my) the opinion DEGREE ATTENDING	280 AUTOPSY? YES NOW RED (ENTER NATURE OF IN CITY OR: , to 6/22/8 death occurred on the	206 IF YE IN CERTI Y! JURY IN ITEM 18 TOWN AFF	VEN IN PART 1 S, WERE FIND FYING CAUSE ES PART 1 ORPART 2) COUNTY 19 ur ond from the	NGS USED 5 OF DEATH? NO STATE that (I) (mad) last causes stated SIGNED
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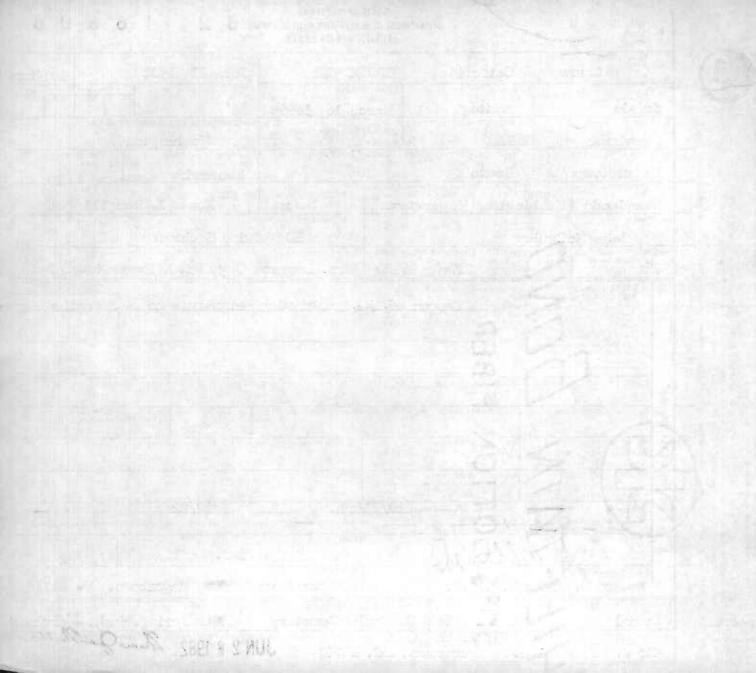
DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows ony

burial June 24,1982 St.Paul's Cemetery

415 E. Wilson Blvd., Hagerstown, Md. 21740

Clear Spring, Wash., Maryland JUN 2 8 1982



FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG TICATE OF DEATH	HENE 8 2	10.	6 6	0 9		
EASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR		
Della	ı Ma	rie	SI	CEVENSON	June 15, 1982					
	4 RACE		5 DATE O		6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS		
female	white	e	Oct	15, 1915 AR	66	YRS	ONTHS DATS	HOURS MIN,		
THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O					
West Virgin	ia U	SA	WIDOWE	D X NEVER MARRIED	Washing		440			
Y OR TOWN OF DEATH	11. NAME OF		G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION		MD. F BUSINESS OR		
Hagerstown		man Nurs		Home	TYPE OF WORK FOR MOST	(TYPE OF WORK FOR MOST OF WORKING LIFE) INC				
L RESIDENCE (IF NURSING HOM				Tome			Coun	try Club		
ryland Was	shington	Hagerst		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1601 Oak	Hill	Ave.			
HER'S NAME	5	11-80-01		15. MOTHER'S MAIDEN NA						
Robert Wilkin	ns MIDDLE	LAST		Molly M. W	ilson		LAST			
AS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS				
(IF YES.	GIVE WAR OR DATES)	224-10-8	178A	Robert H. S	tevenson,	Hagers	town,	Md.		
18 CAUSE OF DEATH Enter	only one couse per	line for 194, (b), one	lich				APPROXIA BETWEEN O	MATE INTERVAL		
PART I. DEATH WAS CAU	JSED BY PIATE CAUSE (0)	Hype	Wh	ermo			20	lares		
4360	DUE TO, O	R A5 A ONSEQUE	NICE OF		The great to	74				
Conditions, if ony, which	((b)	acrel	ral	Vascerlar o	Reciden	1	50	lays		
gove rise to immediate couse (a), storing the	DUE TO O	R AS A CONSEQUE					.,			
underlying couse lost.	(5)			clarosii			1 71	ears		
PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART I IO			
PI	ion ev	1-15			19.					
90 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN			
			100		YES NO	YES		NO 🗌		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING . CAUSE OF	HOUR A.		Y YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT OR PART 2)			
(IF EITHER NOTIFY MEDICAL EXAMI	DEATH		19							
21d. INJURY OCCURRED	21e PLACE	OF INJURY	Die ETC 1	211 LOCATION STREET	CITY OF TO	OWN	COUNTY	STATE		
WHILE NOT WHILE AT WORK	(A) HOME SIN	TEEL PACIONT OFFICE PA	RM EIC }	SINCE	Citronic	~	_	STATE		
22a.t certify that (I) (this ha	spital) attended th	e deceosed from_		Man 1982		rent	9	that (I) (wellast		
sow the deceased alive above, (1) (ma) (did) (did)	on8	Trues 10 &	. 01	nd that in (my) (my) opinion	deoth occurred on the d	ote and hour				
226. SIGNATURE	New The body	orrer death.		DEGREE			22c DATES			
Har	N.Elsn	140		ATTENDING	MEDICAL STA	FF CIAN D		5-82		
22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	0,200		PHYSICIAN L	J DIKECTOK E PHYSIC	TAIN	1	J 0		

MPORTANT: If Hem 21 is J.D.WILSON, M.D. 23a. BURIAL, CREMATION, REMOVAL burial

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

female O BIRTHPLACE (STATE OR FO COUNTRY

USUAL RESIDENCE (IF NURSIN Maryland 14 FATHER'S NAME

Robert Wil 160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)

West Vir 10 CITY OR TOWN OF DEAT Hagersto

SEX

No

CERTIFICATION

00

morked or Item

23b. DATE June 18,1982

23c. NAME OF CEMETERY OR CREMATORY Rest Haven Cem.

23d LOCATION Hagerstown, Wash., Maryland

24 FUNERAL DIRECTOMINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 250 DATE REC'D. BY REGISTRAR 256 ABGISTRAPS SIGNATURE 14

580 Northern Ave., Hagerstown, MD.21740

DHMH - 16 50M 1/81 (VRA 15, 4)

a price of the second property in the MARKET OF THE PROPERTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

L	- STATE REGISTRAR	85		CERTIF	FICATE OF DEATH	R	EG. NO.	0 0	1 (
	ECEASED NAME FIRST PE OR PRINT)		MIDDIE		LAST	20 DATE OF DE	ATH MONTH DA	AY YEAR	26 HOUR
L	Elva		Luella		STUPKA	June 29	1982		3:40 p
3. 5E	EX	4 RACE		5. DATE (6 AGE (IN YEARS	LAST BIRTHDAY) II	FUNDER I YEAR	IF UNDER 24 H
	female	wh	nite	Ma	rch 8, 1907	7	5 YRS	DATA DATA	HOURS M
TT. 8	BIRTHPLACE ISTATE OF FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	TITY OR COUNTY	OF DEATH	
	Pennsylvania	U.S	S.A	WIDOW		Washing	ton Count	tv	
100	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCC	UPATION		F BUSINESS
A	agerstown		Marylan		ter	(TYPE OF WORK FOR	Housewi:	12b. KIND C INDUSTRY 10	Home
USU 130	STATE NO.	TY	GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS		
1	Md Monte	omery	Clarkbu	rg	YES NO X	12200	Dancres	t Dr.	
14 E	ATHER'S NAME	AIDDLE	1.453		15 MOTHER'S MAIDEN N				
4	Charles	R.	Lucas	5	Viola	MI	DOLE	Y	oung
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT		ADDRESS		
+	(YES, NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)	123-09-0	5468	Mrs. Wendy	Player C.	larkburg,	Md.	
	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT C	DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TER		diviny	N IN PART 1	
CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY	? 20b. IF YES,	WERE FINDIN	NGS USED
RI		AU SWIFE		***************************************	1-1		YES	L. d	NO 🗌
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH DA	YEAR	214 HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18 PAR	et i OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		Μ.	19					
Me Me	21d INJURY OCCURRED	(AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FI	ARM, ETC)	211 LOCATION STREET	CIT	YORTOWN	COUNTY	STAT
	AT WORK NOT WHILE AT WORK				1		1.	-0-	
	saw the deceased blive an obove, (1) (we) (sid (did not			82.	nd that in (my) (our) opinion	to to	the date and hour	ond from the	that (1) (we)
	22b. SIGNATURE	lie	Chan	/	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF	6/2	SIGNED 8
	224 PHYSICIAN'S NAME (TYPE OF	PRINT)		5.70	22e ADDRESS				1
	Rose Marie Cl	nan, M.[0.		1500 Pennsy	lvania Av	e., Hager	stown,	MD
230	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ N	JAME OF C	EMETERY OR CREMATORY	23d LOCATIO	N		

BP.

TO FUNERAL DIRECTOR:

should be detoched for use os the buriok-transit permit. Then p with the State Dept. of Heolth and Mental Hygiene prior to bur

24 FUNERAL DIRECT DHMH - 16 50M 1/81 (VRA 15, 4)

"Crema Clon

Funeral Home

June 30,82

23c NAME OF CEMETERY OR CREMATORY
Smithsburg Crematory

Smithsburg, Md.

Smithsburg, Wash, Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR (S) SNATON

To alle - conservants to the same of t Controller | largery | largery | couries the second second second second no 183-09-0463 alite desir Flags Slockborg, Ld. Cu AND THE RESIDENCE OF THE PARTY crossetton two young thit members remeders, and, be. . So, widersing them the breits heve

	1	FOR - STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYC TICATE OF DEATH	GIENE 8 2	16	6	1 1
2 (MA)		CEASED NAME E OR PRINT)	FRST		delbert	T	AYLOR	20 DATE OF DEATH MON	2 .	VEAR 82	25 HOUR 2 3 8 A
200 8	3 SE m	ale		4 RACE white		Jan.	DE BIRTH 123, DAY 1897 YEAR	6. AGE (IN YEARS LAST BIRTHDAY	YRS.	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
nerol dir.	70 B	IRTHPLACE ISTATE OR COUNTRY YORK	FORE IGN	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR CO Washington		DEATH	WD
by the further of tilled with		agerstown	ATH		HOSPITAL, NURS THE FACILITY, GIVE STRI		or other institution lospital	12a USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WOR engineer	(KING LIFE)	26 KIND OF	F BUSINESS OR
filled in hould be	13a M	AL RESIDENCE (# NURS STATE aryland		other institution			13d INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 2423 Jeffer	son]	Blvd.	
ompletely and 2 sl	14 F	George	,	WIDDLE	$\mathbf{T}^{_{LAST}}$	aylor	15. MOTHER'S MAIDEN NA	AUDDIS	a al	Bas	con
Pages I	16a N	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SE		Mrs. Lucille	e F. Taylor,	Hager	stowi	n, Md.
death certificate attending physici nove carbon paper ation, or removal. roumatic event, th		18 CAUSE OF DEAT PART I. DEATH W. LG Conditions, if ony, gove rise to improve the conditions of the c	AS CAUSED IMMEDIAT which	E CAUSE (o)	CAR	DIAE	Anny T			APPROXIA BETWEEN O	MATE INTERVAL MSET AND DEATH
d by the ease ren al, crem or ather t		cause (a), statir underlying couse	g the	DUE TO, O	r as a conseq	UENCE OF	COPP				
Then pl	NO	PART 2 OTHER SIGN	NIFICANT C	onditions <u>co</u>	ONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIC	N GIVEN II	N PART 10	-
ian. the low rian. thos bee if permit. tene prior	CERTIFICATION	19a DATE OF OPERA	ION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WE CERTIFY INC YES	RE FINDING CAUSES	OF DEATH?
SICIAN: T ng physici certificate orial-transi Nental Hygi Item 18 sh		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN II	EM 18 PART I	OR PART 2)	
ottendin ter this c ss the bur h and Me	MEDICAL	21d. INJURY OCCUR!	RED	21e PLACE			211 LOCATION STREET	CITY OR TOWN	ni e	COUNTY	STATE
ATTENDIN Ispital ar CTOR: Af Afar use a 1 far use a 1 af Healtl		220.1 certify that (1) sow the decease above, (1) (we) (c	d olive on_	6.	19	82 or	nd that in (my) (our) opinion	death occurred on the date or	, 19 nd hour one	821, t	hot (I) (we) lost couses stated
the hore to DIRE to Dept to Dept : If then	16	226. SIGNATURE	an'	V.			DEGREE ATTENDING A			220 DATES	

DHMH - 16 50M 1/81 (VRA 15, 4)

July 3,1982 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

23b. DATE

no

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL (SPECEY)

ROZA

LOS LONG GARDOUL DRIVE

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery

Washington, D. C.

Transfer Colsty Health Colsty Health ser to a little of the little

Boonsboro, Md. 21713

- STATE

(VRA 15, 4)

John H. Bast, Jr.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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14 5 2 2 E	Sec. 10			
		AND THE		
1200 Sec. 25	1000			16 0
Accessors, en. De., E.				Likudi
		neocry, m.	7 L	

_			FOR STATE REGISTRAR			a DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2		6 6	1 3
(M1)			OR PRINTI	rest Gerti		Ray		TOMS	June 2			26 HOUR
ge 4 ma ector, po irs afte		3. SE	female		RACE W	nite		0F BIRTH € 14°, 1887 AR	6. AGE (IN YEARS LAST BIRTI	YRS	ONTHS DAYS	IF UNDER 24 HRS
leath. Po	35	1	RTHPLACE (STATE OR FO		76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE			D NEVER MARRIED DIVORCED	Y OR COUNTY OF DEATH			
rs ofter o by the fu filed with	20		TY OR TOWN OF DEAT	Н	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE SPEET ADDRESS)				120 USUAL OCCUPATION TO HOUSEWIFE	N	126. KIND O	F BUSINESS OR
filled in rould be in rould be in	35	USU. 13a S	AL RESIDENCE (IF NURSIN	HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Rt 2 B	lox 10	5 C	
mpletely end 2 sh	10	14. F.A	THER'S NAME James	N	upple R	Barkmar	1	15 MOTHER'S MAIDEN NAM Elizabet	ME		nildtki	hecht
n and ca Pages,	/		VAS DECEASED EVER IN ES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	215-07-9		Mrs. Viola Br	ADDRES	-	1.	7 5 7
equires that the death certifications by the attending plan please remove carbon potaburial, cremation, or remonity, or other traumatic even		NO	Conditions, if ony, gove rise to imme couse (o), stating underlying couse	which diote the lost.	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE R AS A CONSEQUE	NCE OF NCE OF	Lure Lerotic Card			ease	10 yrs
The low restrant	2	CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, 'IN CERTIFY! YES	WERE FINDIN	IGS USED OF DEATH?
i PHYSICIAN: The trending physician trips certificate hithe burial-transit prind Mental Hygiered or Item 18 speed	9	MEDICAL CEI	2)g. ACCIDENT WAS UNDER OR CONTRIBUTING CAT (IF EITHER NOTIFY MEDICAL 2)d INJURY OCCURREI WHILE NOT WHILE AT WORK	ISE OF DEAT EXAMINER)	P.I	m. month da m,	Y YEAR 19	21t. HOW INJURY OCCURR 21t. LOCATION STREET	ED (ENTER NATURE OF INJURY		COUNTY	STATE
At OR ATTENDING the hospital or or at DIRECTOR: Afte letached for use as the Dept. of Health, it from 21 is mark			22a. I certify that (I) (II sow the decrosed obove, (I) (Ve) (de 22b. SIGN TURE	XXXX		ofter death.		nd that in (my) X ur) opinion d	to June 2 eath occurred on the dat MEDICAL STAFF DIRECTOR PHYSICIA		22c. DATE S	
TO HOSPITAL retained by the TO FUNERAL should be determined by the State with the State IMPORTANT: I	1	22- P	Charles	F,	Hess,	M.D.		P.O. Box 2	48 Smiths			21783
BP		(URIAL, CREMATION, RE	MOVAL	June 23			emetery or CREMATORY s Lutheran Cen		e Fred	county lerich	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		4 FU	NERAL DIRECTOR)	Fune	ral Hon	ne Smiths	burg	Md. 250 DATE	REC'D. BY REGISTRAR THE	home	d'ann	AND SECTION OF THE PERSON OF T

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	y ve veni			
X 15 SS PS envis	, 105 vini.	.0.11	C. Hor	

1. DECEASE	E STRAR D NAME FIRST	MIDDLE		ICATE OF DEATH	REG. NO	
TYPE OR PRIN		Lee	Trac	2077		26. 1982
3. SEX	HOWALA	TA RACE	5. DATE C	0	6. AGE (IN YEARS LAST BIR	
Male		White	Sept	. 15, 1908		YRS DAYS HOURS
COUNTRY	land	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIORCED	Washingt	R COUNTY OF DEATH
	rstown	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVI Colton Vil	E STREET ADDRESS)		12a USUAL OCCUPATION OF THE CATPENTER	ON 126. KIND OF BUSINESS
	DENCE (IF NURSING HOME 136 COL	OR OTHER INSTITUTION GIVE RESIDENC	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 22 West	Side Ave.
	iniel	o. Tra	сем	15. MOTHER'S MAIDEN NA Prudence		Smi th
	CEASED EVER IN U.S. A	RARMED FORCES? 166 SOCIA GIVE WAR OR DATES) 218-	24-9759	Nancy L.	Young Rt.	#1 Box Keedysvi
18 CA	RT I. DEATH WAS CAUS	only one couse per line for (o).	(b), ond (c)			APPROXIMATE INTERS
	1292 itions, if ony, which	DUE TO, OR AS A CON	SEQUENCE OF	ASCNO		yu
couse	rise to immediate (a), stating the alying couse lost	DUE TO, OR AS A CON	SEQUENCE OF			
-	2 OTHER SIGNIERCAND	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIVEN IN PART 110
PART		C C090				
NO TA		196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	106 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS YES NO NO
OR CO	Ch.	216. TIME OF INJURY HOUR A.M. MONTI	- 31	N WAS PERFORMED	YES NO	IN CERTIFYING CAUSES OF DEATHS

certificate has been PHYSICIAN, The OR ATTENDING FUNERAL DIRECTOR: After should be detached for use as MPORTANT: If Item 21 is mor hospitol ned by the HOSPITAL 0 BP. (VRA 15, 4)

offending physicion

signed by the

DHMH - 16 50M 1/81

(SPECIFY) Burial 6-29-82 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

226 SIGNATURE

sow the deceased alive on.

226 PHYSICIAN'S NAME (TYPE OR PRINT)

DATTA, MD. 1600 OAK HILL 23c NAME OF CEMETERY OR CREMATORY

Rocky

DEGREE

22e ADDRESS

234 LOCATION Gap Vets. Gem Cumberland A

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

En, that (I) (we) lost

22¢ DATE SIGNED

305 N. Potomac St. Minnich Hagerstown.

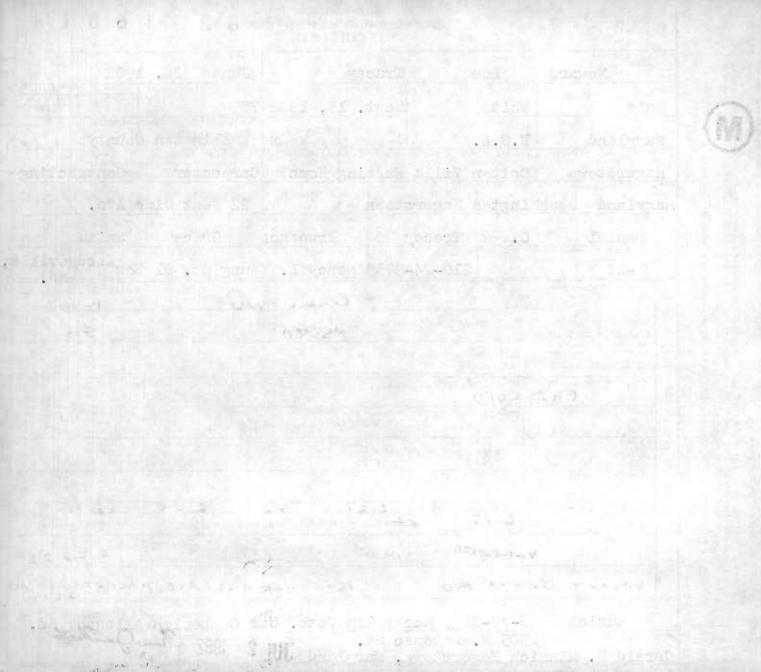
23b. DATE

27a I certify that (I) (this hospital) attended the deceased from

above, (1) (we) (did) (did nat) view the body ofter death

JUL 2 1982

, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated



STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 2 6 6

TERRITORY

REGISTRAR

TO DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 2 6 6

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TO DEPARTMENT OF HEALTH AND MENTAL H

	1	REGISTRAR				CERTI	FICATE OF DEATH	REG. NO).		
		CEASED NAME E OR PRINT)	Ralph		nings	TRU	JMPOWER	June 24, 1		YEAR	2h HOUR
	3 SE	x nale	Ti-	4. RACE whit	e		1 12, DAY 1896 EAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN
F		RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOW	ED NEVER MARRIED	BALTIMORE CITY OF Washi		DEATH	MD.
9		agerstow			HOSPITAL, NURSING ACCULTY, GIVE STREET COU		OR OTHER INSTITUTION Iospital	12a USUAL OCCUPATION OF WORK FOR MOST OF ENGINEERI	WORKING LIFE)	126 KIND O INDUSTRY Airci	F BUSINESS OR
8	Ma	aryland	136 COU	VTY	GIVE RESIDENCE BEFOR 13c CITY OR TOW Hagerst	/N	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 22 Man	or Dr.	, Apt	. 102
C				Trumpov			15. MOTHER'S MAIDEN NAM	MIDDLE		Kinsel	1
		VAS DECEASED E YES NO OR UNKNOW!		MED FORCES?	212-24-2		Margaret '	Trumpower,		stown	, Md.
	ON		immediate stating the louse lost	(b)	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO	A Calls	CONTRELATED OTHE TERM	HOOF TO	Lane HITION GIVEN	CAPP AS	x z wy
2	CERTIFICATION	190 DATE OF OF	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDIN	OF DEATH?
7	MEDICAL CER	21d. INJURY OC.	CAUSE OF DE.	21e PLACE C	M. MONTH D. M.	19	216 HOW INJURY OCCURR 216 LOCATION STREET	RED (ENTER NATURE OF INJUR: CITY OR TOW		COUNTY	STATE
		sow the de	ceosed alive on ve) (did) (did no	t view the body	19	0 -	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN PHYSI	MEDICAL STAF	F _		
	20	Sa	1. 31	KANA			1233 Va.	Ale Hai	enstoy	17,1	19
		BURIAL, CREMATI I TIA	ION, REMOVAL	June 2			Haven Cem.	Hagersto	wn , Wa	sh. M	aryland

DHMH - 16 50M 1/81 (VRA 15, 4) 415 E. Wilson Blvd., Hagerstown, Md. 21740

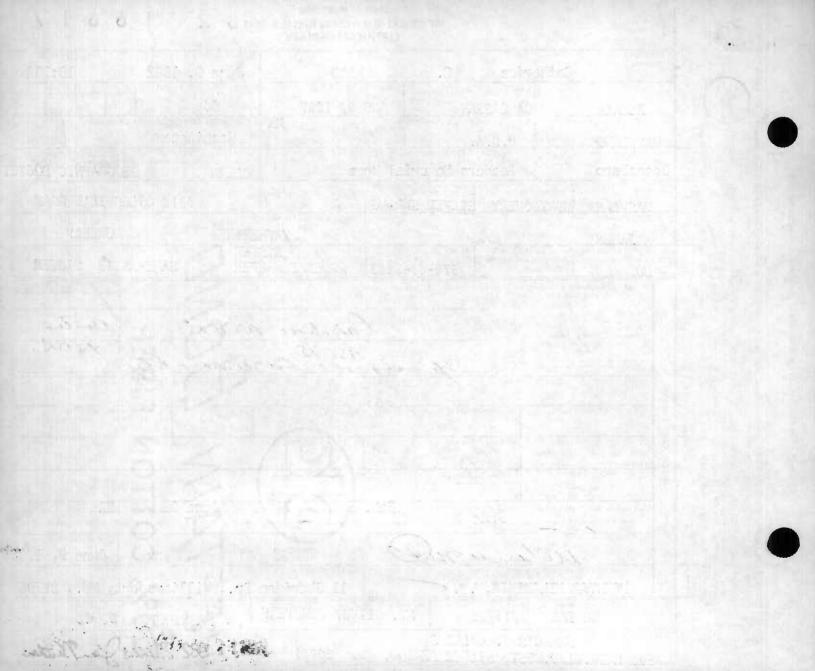
JUN 2 8 1982

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE



	1.	FOR - STATE			DEPARTM	NENT OF HE	OF MARYLA ALTH AND M CATE OF D	MENTAL HYG	IENE 8 2	1	6 6	18	
		REGISTRAR CEASED NAME (E OR PRINT)	harle		arvey	LA	RENFE		REG. 20 DATE OF DEATH June 1	MONTH	DAY YEAR	26 HOUR 3:10 PM	
	3. SE	male		whi		5. DATE OF MONTH	BIRTH 13,	1886	6 AGE (IN YEARS LAST	BIRTHOAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
36		IRTHPLACE (STATE OR FO COUNTRY) Maryland		U.S		WIDOWED		ORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Washington M				
19		Hagerstown		Washi	OSPITAL, NURSIN HEACILITY, GIVE STREET A ngton Co	unty		E TO VE	120 USUAL OCCUPA (TYPE OF WORK FOR MOS farmer & 1	TOF WORKING HE	FE) INDUSTRY	OF BUSINESS OR	
	13a :	AL RESIDENCE (IF NURSIN STATE Maryland ATHER'S NAME Newton	Was.	TY	IJA CITY OR TOWN Chewsy Warrenfe	ille	15 MOTHER'S	MAIDEN NAM	MIDDLE	Smith	145	sī.	
edical ex		WAS DECEASED EVER IN		MED FORCES? WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	Carr 17 INFORMAN	NT	Stella ADD M. Warren	RESS	Stocks		
month of the state	ATION	Conditions, if any, gave rise to imme couse (o), stating underlying cause PART 2 OTHER SIGNI 19a DATE OF OPERATE	ediate the lost FICANT C	onditions <u>co</u>	R AS A CONSEQUE	EATH BUT N			INAL DISEASE OR CO		VEN IN PART 10		
Z	CERTIFICATION	21g ACCIDENT WAS UNDE	RLYING	216 TIME O					YES NO	IN CERTIF	YING CAUSES		
or mem or	MEDICAL C	OR CONTRIBUTING CA	USE OF DEAT	HOUR A./ P./ 21s. PLACE C	m. month da m,	19	211 LOCATION		CITY OR		COUNTY	STATE	
KIANI: II IIem z I Is morke		22a I certify that O(s sow the discovery obove (1) we left	this haspite			Jane 1	AT AT	our) opinion d		dote and hou	CI .	that (1) we) last causes stated SICHED	
	23a. E	BURIAL, CREMATION, RI	DIAL	236 DATE	23¢ N	AME OF CE	METERY OR CI	REMATORY	23d. LOCATION	Ive	Mageur	pany / 12	
	24 FI	burial UNERAL DIRECTOR	/INN		1,1982 S NERAL H		burg C	250. DATE	y Smithsh	urg, V	Wash.,	Maryland	
	41	5 E.Wilson			WDDKE22		nd 217	40	IN 2 7 1982	1.31	0:	Wather	

DHMH - 16 50M 1/B1 (VRA 15, 4) Legal Let Touril philosoph

21			ND STATE DEPARTMENT OF S, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH		6 1 9
d in by the funeral pers. Pages 4 and 2 (2 hours after death	1. DECEASED-NAME (Type or print) E1	First Middle MORY LEON	Lost YEAKLE	20. DATE OF DEATH Month June 19	Year Early 82
by the two	3. SEX Male	4 RACE White	S. DATE OF BIRTH 1/9/27	6. AGE (In years last birthdoy) VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
525.s.	70. BIRTHPLACE (Stote or fare CMATYLand	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	B. MARRIED NEVER MARRIED WIDOWED DIVORCEO	9. COUNTY OF DEATH Washington	Md.
E in C	10. CITY OR TOWN OF DEATH Hagerstown	give treet of tress) R1	dge Dr. Hag. during [JAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
en please, remave carban papers.	13o. USUAL RESIDENCE (Where admission) STATE Mary Land	deceosed lived, if institution: Residence before 13b COUNTY Washing ton	e 13c. CITY OR TOWN 13d INSIDE CITY	136. STREET AND NUMBER	e Dr.
110	14. FATHER'S NAME First		IS. MOTHER'S MAIDEN NAME	First Middle	Last
10	John 160. WAS DECEASED EVER IN 1			O Address	Conner
1	(Yes no, or unknown)	yes give war or dates of service) Navy 219-20-	2812 Mrs. Jane Y	eakle Hag. Md	
		inter only ane couse per line for (o), (b), and (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: IMMEDIATE CAUSE (0) Coronary oc	clusion		sudden
2	4100	DUE TO, OR AS A CONSEQUENCE (e .		
	Canditians, if ony, which	(b) arterioscle	erotic heart disease	9	years
	stating the underlying lost.	DUE TO, OR AS A CONSEQUENCE (c))F		
		ANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
2	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY? YES \(\square\) NO \(\square\)	206. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
7		INDERLYING 21b. TIME OF INJURY E OF DEATH examiner) HOUR A.M. Month Day Yel P.M.	21c. HOW INJURY OCCURRED (Ent	er noture of injury in Part 1 ar Part 2, II	tem 1B.)
1	21d. INJURY OCCURRED While Not while at wark	21e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D. N	a. City ar Tawn	Caunty State
	saw the deced causes stated	(I) (this haspital) attended the deced sed alive an April 10, above (I) (we) (did (did nat) view th	sed fram <u>August</u> , 19 <u>6</u> _19_82, and that in (my) (our) op e body after death.	o/ , ta <u>June</u> , 19_ pinian death accurred on the dat	82 , that (I) (we) last te and hour and from the
1	22b. SIGNATURE	Sant 1 Del		MED. DIRECTOR PHYS. 6/	22/82
1	22d. PHYSICIAN'S NAME (Type)	Howard N. Weeks, M.		Northern Avenue	
-	230. BURIAŁ, CREMATION,		F CEMETERY OR CREMATORY	gerstown, Maryland 23d. LOCATION (City or Town)	(County) (Stote)
	Ben Doklat, Chemation				(COUNTY) (31018)
t) D	Thompson Fi	LE Thomps	capring Md PU	Clearspr By REGISTRAN 2 1982	Tid

